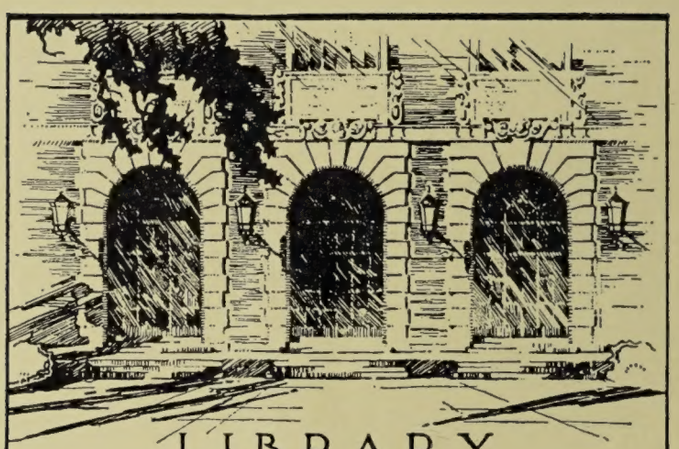


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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL STAFF

SOPHIA F. PALMER

Editor-in-Chief

MISS L. L. DOCK
MISS MARY E. CAMERON
MISS ELIZABETH R. SCOVIL
MISS KATHARINE DEWITT

VOLUME VII

PHILADELPHIA

J. B. LIPPINCOTT COMPANY

1907

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JOHNSON REPRINT CORPORATION

NEW YORK and LONDON

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First reprinting, 1962, Johnson Reprint Corporation

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | OCTOBER, 1906 | NO. 1

EDITORIAL COMMENT

WHAT IS MY PLACE?

WHEN a nurse is on duty in a family where several servants are employed, she will often observe that the work of the household fails to go as smoothly as it should because some maid, instead of doing her work honestly and heartily, is stopping to ask whether it is her "place" to perform this or that task. How irritated we feel that the domestic wheels should be clogged by such foolishness! How much more valued that maid would be if she were more intent on being of service and less afraid of being imposed upon. How much better it would be for her in the end. Such workers are always being left by the wayside, and they wonder why. How clear all this seems.

Is there any lesson in it for us? There surely is. There are many earnest, honest women in our ranks who work hard wherever they go, among rich or poor, doing what is to be done and bringing honor upon themselves and their calling. It is very hard for such women to bear patiently the everlasting complaint from the public as to the uselessness of some trained nurses. Yet these complaints would not arise without cause, and the superintendents of hospitals and secretaries of directories realize that we are facing a serious problem which can only be solved by a more earnest, helpful spirit among private-duty nurses.

In every rank of life there are to be found those who are looking for an easy time, but it seems strange that such women should enter the nursing profession, or that, once in, they should stay there, for nursing is not easy work, nor ever will be. All work is more easy, however, when undertaken in a spirit of self-forgetfulness and loving service. If the nurse who shirks all disagreeable duties possible and prides herself upon doing nothing outside her own line would once try

the other way, she would be amazed at the different atmosphere in which she would find herself. She may fancy that by showing a willingness to be useful wherever there was need, she would find herself imposed upon, but in ninety-nine cases out of a hundred it would not be so. The world gives us back as a rule what we give to it, and if we mete out our service grudgingly we shall receive scant courtesy in return, while those who pour out their services lavishly find themselves receiving, all the time, and from every side, unexpected kindnesses which seem to them far beyond their deserts. A nurse whose stay in a family is endured and whose departure is looked forward to with relief, has missed her calling, no matter how skilful she may be. The "place" of a nurse is where she is most needed. She should be the one person in a household whose feelings are in no danger of being injured, and who is ready for each emergency that arises, medical, surgical, or domestic.

In a recent number of the *Outlook,* a business woman writes: "I have learned from experience always to give the preference to a gentlewoman. Her social position is founded on a rock. She is absolutely unafraid of its downfall, and in times of stress will 'dust' as cheerfully as she edited the day before and will edit the day after."

The nurse who is afraid of demeaning herself by putting her shoulder to the wheel, when needed, would do well to ponder the meaning of this. A rule given in the same article for office workers applies equally well to us: "Be always worth to your employer a little more than he pays you."

How inspiring it is, after hearing of the nurse who allowed her patient to do the cooking, and of the one who, finding herself on an obstetrical case in a poor family, refused to do anything *but* obstetrical work, to get the other side of the picture, as we do, for instance, in this extract from a private letter, an unsolicited tribute to the work of a faithful nurse:

"Our dear Miss Young died last Sunday. There had to be an operation and things seemed to be going well when her heart failed. She had given all her strength to others for too long. She was a glory of a nurse if ever there was one, and I am glad I knew such a woman could be."

One of the most successful private nurses we know, writing of the unsatisfactory state of things in the nursing world, says:

"One of the pleasantest cases I ever had was my last one, last January, out in the country. The patient thought she had provided for her illness beautifully, but the young servant girl left when the baby was ten days old. As all her successors were awful, I begged her not to try any more, and we got on

with the help of a young girl mornings and evenings. I had not only my patient and baby but a two-year-old child, still in diapers. The heating arrangements of the house consisted of two coal-stoves and two grates, all of which needed constant attention. There was a grandmother who came over every afternoon, and the father worked hard to do everything he could in the morning. All went beautifully. I cared for my three charges, did not fail in my precautions in surgical cleanliness, the little lad was very good and happy and was started in better habits and given food suited to his age, the house was kept in order and fairly clean, my patient did not get up a day sooner than she would have done otherwise, and she was not allowed to help as she was so eager to do. I even kept the stockings darned in odd moments, and there was an atmosphere of peace and good will which I would not have exchanged for an easier lot. These people did not expect me to do all these extra things, and were at first greatly troubled about it, but I did not give out under the strain at all. It is always easier for me to pitch in and work hard in an atmosphere of trust and affection than to have what is considered an easy case where there is suspicion or distrust."

A leading physician, speaking to a graduating class recently, after enumerating all the hardships of a nurse's life and the personal qualifications necessary for her success, closed his remarks with these words: "Give me every time the woman of common sense, give me the lady." Another physician, in talking with a nurse recently, made the following statement:

"I know there are poor and unworthy doctors, lots of them, but there is this difference between the medical and nursing profession. The best doctors all take medical journals, they attend medical societies, and are continually being stimulated by an interchange of ideas with their fellow-workers. Nurses, on the other hand, even the best of them, don't seem to take much interest in their own periodicals and societies, and so they fail to progress."

Was he right?

NURSING EDUCATION: THE RESPONSIBILITY OF THE HOSPITAL

It is only within a comparatively short time that a few hospital managers have boldly made the assertion that the education of nurses and physicians was of practically the same importance to the community as the care of the sick, and such assertions have only been made by the managers of an exceptionally progressive class of institutions. The great majority of hospital managers would be horrified beyond measure to be told that *their* hospital supported by the generosity of the citizens of *their* community was being classed with the educational institutions of the country. In spite of the fact that such hospitals have conducted a training-school for years, "the imperfect appreciation of their true

scope on the part of their promoters and of the public generally," as Dr. Hurd has so truly said, is, to-day, the most difficult obstacle in the development of nursing education as a whole.

The example of the progressive hospitals and the requirements of State Registration are acting as a stimulus, however, so that we need not feel entirely discouraged in that quarter. Our efforts must be to see to it that developments are in the right lines.

Already the physical welfare of the nurses is being better and better provided for, as is shown in the homes, many of them so beautifully endowed, that are to be found in connection with nearly all of our best schools. It will be but a step to a more universal and broader provision for the professional side of the nurse's education.

We are of the opinion that the most serious defect that exists now, and has always existed, in training-schools, is in an inadequate number of pupils for the work of the hospital. We have never known a hospital that had nurses enough to properly care for the patients and still have time and strength and enthusiasm left for the strictly theoretical side of the training. It goes without argument that our great public hospitals cannot or will not exist without the training-school, and the training-school cannot, or should not, exist without the hospital. The two institutions are inseparable; neither can perform its function without the other. Hospital managers and the public must be brought to a better appreciation of this fact, when the support for both will become more liberal.

Hospital managers are the controlling factors in this line of development. Too frequently a hospital "must wait for death" before it can hope for improvement in its management on any lines. The public has a right to expect that the men and women who lend themselves to this service will keep in touch with progressive measures and see to it that the public is kept informed of the needs of these two important institutions combined under one head. In this whole broad question of the higher education of nurses, the first obligation that rests upon the hospital is to so increase its nursing staff that there may be time both for adequate care of the sick within its walls, and for the proper education or training of the nurses without over-work or over-strain. This means, of course, an increase in the cost of maintenance of the hospital, but it is a line of expenditure which is legitimate, and which conditions demand.

The time is not yet ripe for the universal establishment of nursing colleges, which we believe to be the ideal plan for the future. The nursing college requires an endowment and an experimental stage before it can be made adaptable to the needs of all hospitals.

Training-schools have developed because of a great need first of all for better service in the hospitals. Their growth, without plan or system, is truly wonderful. As thoughtful men and women begin to work together to bring order out of what seems a chaotic condition, it is remarkable that the serious obstacles are so few.

We publish in the Training-School Department the question papers of the New York State examination held in June. We shall refer to these questions in our next issue, when we touch upon the responsibility of the hospital from the teaching standpoint.

MEETING OF THE SUPERINTENDENTS OF HOSPITALS

THE eighth annual conference of the Association of Superintendents, which was held in Buffalo, N. Y., on September 18, 19, 20 and 21, was one of the most successful meetings that the Association has held.

The keynote of the address of the president, George P. Ludlam, of the New York Hospital, was Hospital Expansion. Mr. Ludlam emphasized the fact that the growth of hospitals had not been in proportion to the development of the country; he urged a broadening of all of the lines of the society, advocating a membership of other officers of hospitals, and dwelt at some length on the privilege of personal service which hospital superintendents enjoy. Later in the meeting the Constitution was so amended as to take into membership the officer in the hospital next in rank to the superintendent, and the name of the Society was changed to "The American Hospital Association."

All of the papers presented were of a high order of excellence, the one calling out the greatest discussion being by Miss C. A. Aikens, superintendent of the Columbia Hospital, Pittsburg, Pa., and associate editor of the *National Hospital Record.* Miss Aikens' subject was: "The Development of a Wider National Association." She pointed out the fact that nowhere in the United States was there a bureau of hospital statistics and as a result of her paper and the discussion which followed it, a committee was appointed to make investigations with a view to the establishment of such a bureau.

The question-box is always one of the interesting features of the superintendents' meeting. One of the questions which gave rise to much discussion was in substance as follows: "Would it not be well for this body of superintendents, who are interested in all departments of hospital work rather than in any one department, to suggest a curriculum for nurse-training schools?" The point was made that the Regents of the University of the State of New York had already issued a cur-

riculum and it was decided to refer the whole broad question of the training of nurses to the committee on the bureau of hospital statistics.

This committee is composed of Dr. G. H. M. Rowe, superintendent of the Boston City Hospital, who will report on hospital construction; Dr. S. S. Goldwater, superintendent of Mt. Sinai Hospital, New York, hospital administration; Dr. H. B. Howard, superintendent Massachusetts General Hospital, Boston, medical organization and education; and Miss Mary L. Keith, superintendent of the Rochester City Hospital, on the training and education of nurses.

This committee will report progress in their several departments with such comments and recommendations for expansion as the results of their investigations warrant, and these reports are intended to be the beginning of the bureau of hospital statistics.

As we have already said, the interests of the hospital and training-school cannot be separated; every step of progress and development necessary for the one is important to the other. We consider this action by the American Hospital Association in including nursing education in its subjects for study to be one of the most progressive steps which has yet been taken in the development of nursing affairs.

We regret that the time is so short before our going to press that we must give so brief an account of this most interesting meeting.

THE SPIRIT OF COMMERCIALISM

The spirit of commercialism will creep into most human affairs, but we particularly regret seeing it appear in the humane professions of medicine and nursing. A hospital in the West advertises in large letters in a daily paper: "Last Call. Only $19,000 to raise before construction commences on the ——— hospital. This is your last chance to get stock at fifty cents a share. We have sold this stock to some of the best-known business and professional men of ———, whose names spell success for anything they undertake. A few days' delay and the stock will cost fifty per cent. more. Buy to-day and make this profit; the investment is bound to pay handsome returns. Other hospitals are paying the largest dividends of any kind of enterprise on the Pacific Coast."

This is well matched by a school in the East which announces: "The ——— School for nurses has purchased large properties and will extend the benefits of the free course in nursing to young women of every rural community throughout the entire country. The course is two years, but may be shortened to eighteen months by six months'

reading and study at home. The school provides room, board, nurse uniforms, gives full instruction, and pays the student's fare home at the end of the course. A special course is provided for those who cannot spend two years in the study but who wish to quickly prepare themselves for self-support. Nearly two hundred free scholarships will be available this year."

Both these enterprises make an appeal for support on the basis, not of benefit to the public or relief to the sick, but of large financial returns for very small investment of capital or time and study.

How are such things to be controlled? By public opinion? By doctors and nurses working together for the honor of their profession and uniting in a protest against such schemes? How can nurses trained in a hospital run on mercenary principles fail to be affected by such influence? How can women trained in a school that is connected with no hospital know anything about the practical care of the sick? And yet some such enterprises have announced that they are paying dividends of sixty per cent. to the stockholders, all of whom are physicians.

THE EQUAL SUFFRAGE POLICY

The circular letter appearing in this issue signed by three officers of the Suffrage Association (among whom is Mrs. Florence Kelley, whom all nurses know for her work in the Consumer's League) is one of three thousand which are being sent to women's clubs, leagues and other organizations all over the country, quite irrespective of whether they are primarily suffrage associations or not. It is the most general and inclusive appeal that has yet been made to women's organizations to focus their efforts on Congress itself, and denotes the adoption of a policy that is going to be followed year after year. It has been well demonstrated that no method of impressing legislators with the legitimate desires of the public is more effective than continuous inquiry into, and publication of, their intentions in large public questions. It is therefore most probable that steady and unremitting questioning on this point by associations of women will have a more definite result than any other form of effort.

All associations of nurses who are interested in the whole broad subject of equal suffrage should respond to this appeal. It is Mrs. Kelley's opinion that permanent improvement in the lives of working women and working children will not be gained until equal suffrage is obtained.

AN INJUSTICE TO AMERICAN NURSES

In a letter written to the *German Nurses' Journal* on openings for German nurses in America Dr. Kiliani, of the German Hospital in New York, after describing conditions here in a very intelligent way, and explaining very sensibly why America is not a certain Eldorado these days, went on to make a statement that we must take exception to as being entirely erroneous and unjust to American nurses, viz., that "unfortunately" American nurses had formed a kind of trade-union and were unfriendly to the foreign nurses and disposed to keep them out. Now, we have considerable knowledge of nurses' organizations in America, but we have never known of one that had any tendency to trades-unionism or to a policy of exclusion where nurses from other countries are concerned, and we feel certain that Dr. Kiliani has been seriously misinformed. Such a spirit may perhaps exist here and there in nurses' boarding-houses. Not in our organizations. And we feel it an unfairness to the long-practised hospitality of this country that such an imputation should be made.

THE CENTRAL DIRECTORY AND THE SLIDING SCALE

The central directory and the sliding scale are the most vital questions before the great body of private nurses at this time. While we differ from Miss Dock in some unimportant points, we are entirely in accord with all that she says of the need of properly-organized central directories and her suggestion that the sliding scale could be regulated through them would seem to take us a step nearer the solution of the problem of providing skilled nursing care for the great middle class. In its initiatory stage it would seem to be the safest way for the experiment to be tried. After the general public have become educated to the sliding scale through the central directories individual nurses could regulate their own charges, but it must take some years before this could be done, perhaps, with safety.

The central directory, organized under county supervision, we will say, with club-rooms and a library in conjunction with it, seems to be absolutely necessary as a means of holding nurses together and stimulating nursing interests in every large center. This, alone, should be incentive enough for their establishment, but when it has been so clearly demonstrated as in Toronto, that they can be used as a channel for providing skilled nursing care to the great middle class, there would seem to be no possible excuse for delaying their organization. This next year will, we trust, see great strides made along these lines.

THE RED CROSS

The coming year should see great progress made in the enrollment of nurses for the Red Cross. The lack of coöperation between the nurses of San Francisco and the Red Cross Society at the time of the disaster is already a matter of comment, as will be seen in a report found on another page. The disturbance in Cuba may well make nurses think of the results if a call for five hundred nurses for war service were to be issued by the Red Cross Society or the War Department to be in the field on ten days' notice.

THE SPANISH-AMERICAN WAR NURSES

The Spanish-American war nurses held their seventh annual meeting in Boston during the first week in September, and elected Dr. Laura A. C. Hughes president. Dr. Hughes is a graduate from the training-school for nurses of the Boston City Hospital, and although she has been for a number of years a practicing physician, she has never lost her interest in nursing affairs, but has been an active worker in the Spanish-American War Nurses' Association and in the State Nurses' Association of Massachusetts, the Boston Nurses' Club, and the alumnæ association of her own school. We understand that the membership roll of the Spanish war nurses is now only about one-third of what it should be, but we predict that under Dr. Hughes' popular leadership there will be a large enrollment of new members this year. These war nurses so represent an important epoch in nursing history that they should stand strongly united as promoters and supporters of plans for the improvement of the Army nursing service, first of which we hope may be an amendment to the present Army Bill providing promotion with rank as a reward for satisfactory service for the members of the Army nurse corps.

The Rhode Island Hospital of Providence has this season sent its orthopædic children to a summer camp on Narragansett Bay. Through the generosity of Mr. James A. Garland the old Hotel Conanicut, for five years closed to the public, was made available for the use of the children, and under the care of nurses and doctors from the hospital twenty-five little patients have spent the summer by the sea. The improvements reported in tubercular bone cases especially seem quite phenomenal. Sea bathing and nourishment have been the lines of treatment followed.

CENTRAL DIRECTORIES AND SLIDING SCALES

By L. L. DOCK

It is a good many years since we began talking about ways of meeting the needs of the patients with small means, and very little has been actually done. It was hoped that hourly nursing would largely fill the want, but I see that the last reports from the point where hourly nursing has been most systematically worked out, say that it has only done a part of what it aimed at, chiefly for the reason that, if a patient is very sick, a nurse is needed in the house all the time. Along with this question we find that in almost every annual discussion the Central or General Directory has the floor, and it seems to me strikingly evident that the solution of the one is only to be looked for in the masterly development of the other. The Johns Hopkins Alumnæ has given a clear demonstration of the superior effectiveness of an organization over an individual in putting the hourly nursing on a firm basis; the Toronto Central Directory has already tackled the problem of the patient with only small means; the Crerar work of Chicago is the work of an organization, not of an individual;—is it not plain, that the way to work it out, is not by calling upon individual nurses to run risks and break new ground, but by extending and improving our professionally-managed directories and by having them extend their usefulness and their enterprise?

It is a pity that nurses are so slow in seeing how large, active, useful, and commanding a position a solid central directory in every large town could fill, and how much it could do, both for nurses and for the public; it is such a pity that they are too timid or too conservative to give up the dozen small directory plants and unite all their forces in one big, strong one, which could undertake all sorts of things that a small one cannot. Very little can be done in this day and age without coördinate effort, and while some things may be better done by small groups, decidedly the many urgent openings and opportunities of the nursing profession could be much better met by large, unified, collective groups. I am sure the question of providing nurses to the patient of small means can only be answered by the central, controlling directory. First, it could meet the hourly nursing demand, as the Johns Hopkins Alumnæ has done. Second, it could employ all the known methods of providing continuous care to the patient of small means, and experiment with new methods. Thus it could try, (*a*) the Toronto method; or (*b*) keep a list of nurses who are willing to give time; or (*c*) maintain a

good corps of untrained attendants; or (*d*) solicit funds to pay the nurse a regular salary, while the patient pays what he can, as in Chicago, or develop a varying wage scale, as suggested by THE AMERICAN JOURNAL OF NURSING, or make use of all these different methods simultaneously.

Let us consider them one by one. (*a*) The Toronto method is obviously practicable with a good and well-managed organization, and the larger, more comprehensive it is, and the better it covers the ground. the better work it can do in experimenting.

(*b*) If planned for on a systematic and general scale, many nurses might be found willing to give some tithes of time who would never think of it if left to their own initiative.

(*c*) At present trained attendants and untrained are working chaotically and are almost always either imposing on some one or being imposed upon themselves. Now that the nurses have their R. N., I cannot see that it would be beneath their dignity to try to regulate and straighten out the attendants' and untrained women's work and it might help them considerably, besides being a good public service to get them into such places only as they were fitted for. [There is an immense amount of vile charlatanism now in many commercially-managed directories, where dismissed probationers, untrained women, attendants of all grades, women of doubtful morality, and fully-trained nurses are all taken on the same level, and most of this lamentable state of affairs is the result of the incapacity of private-duty nurses to rise to the occasion.]

(*d*) The Crerar Fund, which pays the nurse the current rate while the patient pays according to his means, is the most righteous thing we have yet for the subject under discussion. It meets the patient, too, in a business-like, impersonal way grateful to his feelings. No wage-earner or small-salaried man likes to ask a nurse to lower her rates, nor does he like to have her give him time if he knows it. But if he understands that there is a systematic provision made by a society or corporation for meeting his wants, he is ready to call upon it, state his occupation and income, and what he is able to pay, as they do under the Crerar Fund willingly. Now, it would be impossible for an individual nurse to get any one to pay her regular prices while she took cases at half-price, but a good prominent association would not find it at all impossible to raise such funds.

Finally, there is (*e*) the varying scale; *i. e.,* that the same nurse should sometimes work for $10 and sometimes for $20 a week, or now for $5 and again for $50. It would certainly be most perilous for the *average* individual nurse to attempt this. This, the whole example of modern industry shows. It could only be safely done under the prestige

and protection of a strong general organization. At least, it could be much more safely, more advantageously done, and in a more orderly and intelligent way. For a general directory can ask questions that the nurse cannot, and can stipulate in a way that she cannot.

By the way, it is not quite accurate to suppose that the present stationary charge of the private-duty nurse is a "trades-union" charge.* Probably no set of workers on earth ever had so little to do with their charges, or can so little take the credit of what they get, as nurses. The trained nurse's price was fixed years ago, when Bellevue was first founded, by the Bellevue managers, who certainly showed in this an uncommon liberality, for thirty years ago twenty-one dollars a week was unusually good pay for any woman. They took no example from older countries, but set the pay for a trained nurse at what they thought was right. The example has been followed all over the country, and nurses have gone out on this basis ever since, without giving their charges a thought. Practically, one may say, they have remained unchanged since that time, for though a small percentage of nurses in large cities and with their own clientele can demand rather more, the average cannot.

When private-duty nurses say they cannot take less than twenty-five dollars because they cannot live on it, not being sure of work all the time or of how many years they can work, they are beginning to realize industrial conditions. The work of a nurse is so very different from that of a physician, who treats twenty cases in a day while she has only one, for perhaps a month at a time, that it cannot be safely argued that she can charge his variable fees.

It is most uncertain that the same woman would be in a position to charge five dollars at one case and fifty at another; or, if here and there an exceptional woman is able to do this, it could certainly never be safe for the average one; besides it is to be noted that the well-known custom of the physician to make up on his rich patients what he loses on his poor ones is now being severely criticised even by physicians themselves. To make a high charge for skill and heavy work is justifiable, while to make a high charge just because your patron is rich and is able to pay it, does not seem, at least beyond certain bounds, to be an example worthy of emulation.

There would seem to be every reason for trying the Central Directory experiment; it offers a safe method of establishing the sliding scale which would refute absolutely the charge made so often by those opposed

* Because employers and employees often bargain together the wages of labor appear fixed, but the steady endeavor of labor is first, to prevent wages from being lowered, and to raise them whenever possible.

to nursing progress that "nursing is a trust, a trades-union" because nurses in self protection have held to a fixed charge; it obliterates school lines, now something of a block in professional progress, and it gives a safe and practical means of providing skilled nursing care for the great middle class.

SPECIAL FEEDING.

(Continued from page 865)

By KATHARINE DEWITT

II. *Bright's disease.*—This is usually a disease of years; a complete cure is not anticipated, but a regimen must be instituted which will give the patient the greatest amount of comfort possible and the greatest aid in continuing his work. It is believed to be caused by alcoholism or improper diet. There is an over-production of uric acid, a functional derangement of the liver; the urine is of a low specific gravity and is passed in larger amounts than is normal; thirst is increased. The points aimed at in treatment are to protect the kidneys from irritation, to strengthen the heart, and to maintain the general health. In early stages of the disease much may be accomplished by dietetic treatment. As the kidneys are the chief route for the excretion of products of nitrogenous waste, foods rich in proteids must be avoided. If a purely vegetable diet is tried, the patient grows too anæmic, and the kidneys are favored at the expense of the general health.

A milk diet is resorted to occasionally—always, during acute attacks—and sometimes it is adopted as a routine measure, once or twice a year, for several weeks at a time. The kidneys are usually so much improved after such a course that some meat can be borne and the patient will grow strong faster. The quantity of milk taken daily will depend on the age and strength of the patient and the amount of exercise he is able to take. From five to seven pints a day are enough for a person confined to his house and room. This is better borne if given at three hour intervals. It is usually better not to begin the milk diet abruptly, but to gradually substitute a glass of milk for some article of food until all others have been withdrawn; and the change to a more general diet is made in like manner. Milk is deficient in carbohydrates, and if the patient loses weight on it, though otherwise it agrees, a little farinaceous food may be added in the shape of rice or bread. The mouth must be thoroughly cleansed after each feeding to prevent the bad taste and consequent disin-

clination for milk which may interfere with the success of the diet. If the patient tires of plain milk, it may be flavored in some way or given with bread or in the form of a puree. If a patient cannot assimilate milk a diet may be tried for a time of fresh vegetables, fruits and salads. In returning to general diet, the nitrogenous food should not bear a greater proportion than one to four to the non-nitrogenous. Sometimes only white meats and fish are allowed for animal food—dark meat contains more proteids, weight for weight, than white, but is often allowed if taken in proportionately smaller quantities.

Patients must be cautioned against over-eating. No alcoholic beverages are allowed. Other articles forbidden are soups meat extracts, cheese, spices, condiments, radishes, asparagus, celery and mushrooms. Eggs must be used in moderation, if at all.

III. *Diabetes.*—Diabetes is a disease whose cause and character are almost unknown. It is not a disease of the kidneys, but of the whole system. The sugar-destroying power of the body is gone, and all sugar taken into the system—also all starches, which are transformed into sugars during the digestive process—fail to be assimilated and must be thrown off by the kidneys, giving these a vast amount of extra work to do. There is a constant presence of sugar in the urine and accompanying symptoms are hunger, thirst, nervousness, and emaciation. A patient may drink from ten to fifteen quarts of water a day, when left to his own guidance, but drinking does not quench the thirst. The saliva is thick and frothy, the mouth dry. The urine is increased to two or three times the normal amount.

This is preëminently a disease to be treated by dieting, as by proper feeding the patient's life may be prolonged. Medicines have little or no effect. Half the cases of diabetes are fatal in less than three years. Some are apparently cured, but the patient must always watch his diet. The points aimed at in treatment are to maintain the patient's strength, to increase the sugar-destroying power of the body, and to avoid complications. The carbohydrates are restricted or omitted from the diet, and the amount of nourishment thus lost is supplied by other food principles. This is a difficult task, as most people obtain from one-half to three-fourths of their energy from the carbohydrates. Proteids and fats must be increased, especially the latter, as they probably do not produce sugar and proteids do, a little.

The amount of carbohydrates allowed depends on the severity of the case. There are three classes of patients: First, those who cease to have sugar in the urine when they are not taking carbohyrdates, but show a return of it when these are added to the diet; second, those who can stand a small amount of carbohydrates without pro-

ducing more sugar; third, those who show traces of sugar even when on the strictest diet. The last are the severest cases. Patients are usually put for ten days, at first, upon a test diet from which all carbohydrates are excluded, taking meat, fish, eggs, green vegetables, and butter. The daily output of sugar during this time is estimated, if it ceases, known quantities of bread are added to the diet, and the urine is watched closely to see what amount can be tolerated. Every case must be treated individually; there is no diabetic diet which will apply to all. The weight in all cases must be watched; a constant loss of weight is bad. Two days must be allowed for getting the effect of any change in diet. Fat persons can stand a restricted diet better than thin ones can. Diabetics always miss bread and crave it; the tissues need it, but can not assimilate it. This is usually the article chosen if a small amount of carbohydrates are allowed. The doctor will order a certain daily allowance, perhaps from four to six ounces, and this is better given in divided portions, as that method gives greater satisfaction. Potatoes contain less starch than bread and are sometimes given instead. Fat is a very important element of the diet and must be pushed, one quarter of a pound a day being a not unusual amount. It is easier to get this down with the carbohydrates, if any are allowed; toasted bread can be heavily buttered, potatoes can be made into a puree with butter and cream. If none are allowed, the butter can be given with eggs, scrambled or fried, or on fresh vegetables, or as a sauce on fish. Salad can be given frequently with a good deal of oil. The use of an alcoholic drink with a meal helps these fats to digest.

Thompson gives the following list of foods allowed:

Proteids.—The whole animal kingdom. For a very strict diet, avoid oysters, clams, liver and sausage. Fat meat and fishes are to be preferred to lean.

Fats.—Butter, bacon, pork, eel, mackerel, sardines, salad oil' eggs, cheese, and thick cream.

Carbohydrates.—Green vegetables contain a little and may be given—asparagus, celery, rhubarb, tomatoes, vegetable marrow, cucumbers and mushrooms.

Albuminoids.—Gelatine may be used, but jellies must be made without sugar.

Milk.—Most doctors think this increases the sugar, but it is sometimes allowed for its good general effect. A kind of "diabetic milk" is sometimes prepared by putting it through a process which frees it from sugar. Cream is usually allowed; the thicker the better. Junket and kumiss are forbidden.

Breads.—Many things have been tried as a substitute for flour for diabetic breads—gluten, oily nuts, bran, etc. These are mostly expensive, unpalatable, and not very nourishing. Gluten bread does contain a little starch and the patient, feeling that it is perfectly safe, may eat too much of it.

Fruits.—These are permitted in most cases, especially sour oranges, strawberries, gooseberries, apricots and melons. Nuts are allowed.

Beverages.—Water is best. Citric acid lemonade, made with saccharin or glycerine instead of sugar, sometimes helps the extreme thirst. Cocoa is often forbidden, but contains little starch and is not very harmful. It must be made with water or diabetic milk. No malt liquors or sweet wines are given.

As diabetics suffer from hunger, and the meals are small, it is better to have them frequent. Five a day may be needed. Only two or three varieties of food are given at a time, but each meal should be satisfying and attractive. It is more important that the patient's meals be well cooked and appetizing—and therefore easy of digestion—and that the nurse use great ingenuity in making a variety, from one day to the next, from articles allowed, than that any set rules for feeding be laid down. She should always bear in mind the fact that it is easy to over-feed in chronic cases.

HOW CAN THE INDIVIDUAL NURSE MAKE STATE REGISTRATION OF VALUE?

By MRS. EDITH BALDWIN LOCKWOOD

I was asked to read a paper on "Professional Ethics and Etiquette," and, in spite of conscientious effort, I find that paper evolving into, "How Can the Individual Nurse Make State Registration of Value?" If I can show that she does this through a knowledge and practice of professional ethics and etiquette, perhaps I shall acquit myself before my sponsors.

State registration is secured after much hard labor, and now it must be kept at a high standard to make it of value. If a registered nurse represents only mediocrity, then registration is only of mediocre value. It has often been urged that the practical or untrained nurse is just as good or better than the professional or trained nurse. If registration is to be of any value, we must individually prove this untrue. We must

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* Read at a Meeting of the Graduate Nurses' Association of Connecticut.

each one be better in every way than any untrained nurse can be, not by derogating her but by making ourselves superior. If the substitute offered is just as good, we cannot expect discriminating choice from a public. It is the pioneers in any movement that set the standard, that make the end achieved lasting and of value in the years to come, and only as it is made of worth by their superiority will it be lived up to and kept high by their followers.

We must, as individuals, as well as a body, make progress. If we, as individuals, lack, we ought to expect to step from the ranks; for if it be said of one registered nurse that she is below the standard the cause of registration is injured thereby. Being registered, if we are poor nurses, will not help *us,* but our being registered will materially harm the cause.

Don't you think nurses as a rule are a narrow-minded people? I think it will be an interesting psychological study in a few years, when our infirmary for graduate nurses is established, to see what kind of old women nurses will make. Will we be a lot of gossiping old busy-bodies, or will we show noble character development? Let us strive for the latter, for that home will be an awful give-away of what nurses develop into.

The average nurse when appealed to regarding registration asks, "How is registration going to help me?" Haven't we all heard this? But seldom do we hear, "How is my registering going to help the profession?" Yet this is the attitude that we must take to grasp its full worth. Registration, if the women who register are women of worth in their profession, is going to benefit and elevate the whole profession, and what benefits the whole benefits each member; but to get gold out, you must put gold in. If my registering will help the profession, then it will help me.

Once through the training-school, we are a little apt to think we know it all. We cast aside those restrictions and rules that have governed us there, reserve such tenets as seem to agree with our own moral code, add to that our individual nursing experience and plod along, too conservative to keep abreast of progress, and soon we are behindhand and don't know it. Then we just work on at our *trade* merely as a means of livelihood. In the awaking of the profession to demands for its registration as such, this fact is brought to light, that many nurses are working at nursing as at a trade, never having grasped it as a profession. How is nursing as a profession distinguished from nursing as an occupation, a means of livelihood? In my book of symonyms I find profession listed with vocation, calling, faculty, art, and the dictionary says, "an occupation involving special attainments and special discipline." We know

those special attainments are mental, moral and physical strength, and a natural fitness for nursing; and the discipline, what we spent two or more years in the training-school to acquire. All these go to make up a profession. It is none too common a combination,—mental, moral and physical strength, all three; and added to these special fitness for a particular thing and two years' study, practice and discipline. Ought not all that make one capable of more than working for wages? It does, if we have all those qualifications and keep them in daily use. It gives us a sense of what is professional, of what is due from us to our profession, and from our profession to our patients.

Nurses, both during the period spent in the hospital course and after graduation, are apt to consider the restrictions and conventions of the school merely as infringements on personal liberty, to be evaded, if possible, when in the school and discarded on leaving. These rules and conventions are, if rightly interpreted, as much a part of our professional instruction as surgical technique, and a nurse is as unprofessional in disregarding one as the other. We were not taught professional etiquette and demeanor merely for practice when we were in the school, but to make us worthy of our profession. The same principle of no intercourse between nurse and doctor, nurse and patient, or nurse and family, holds just as true for private work as for the hospital ward. I do not deprecate or undervalue the close personal sympathy which a nurse is often called upon to give, and which is to a certain type of patient a necessity and a help to recovery, but we must be sure to give it in such manner that our professional attitude of impersonality be maintained. We may *receive* confidences, sympathize and comfort, but we must avoid the feminine pitfall of giving confidence for confidence, for we thereby sacrifice the professional attitude. Our duty is to the profession, the profession's duty is to the patient, and our relation to the patient as an individual can, and should, be so impersonal that, be the conditions what they may, no element of self, *our self,* shall enter in. To be professional, we must eliminate self in our work. We are but the component parts that go to make up the whole of our profession. No matter how able we are, until we can eliminate self, we are working at our trade simply. One of the rules of our schools, and a well-founded one, is that no nurse may accept gifts from patients. Many pupil nurses do, many a graduate nurse does, and sees no harm therein, and from the individual personal standpoint perhaps there is none, but from a professional point of view the nurse's personality is eliminated, she standing as the representative of her profession. When she accepts a gift she brings herself into intimate personal relation with her patient, putting herself on the level of

personal friend, or as accepting a gift for personal service as a servant. Neither attitude is professional. The regular charges for a nurse's work do not come in any such category. They represent an established value of the profession's service to illness. This is just one instance of lack of professional appreciation. Another is the nurse's relations with the family; another, with the servants. I think you will agree with me that in private nursing our professional attitude is open to criticism in regard to our relations with servants. Each one has her own code of getting along with them, but how often it proves inadequate! I have a theory, which my short term of private nursing did not give full enough test to warrant my offering it to you, but I wish we might have an open discussion of the matter.

A problem that confronts not only the board of examiners for candidates for registration, but every worthy member of our profession, is the keeping our state register free from undesirable names. Not only should the specified guilt of felony, crime or misdemeanor bar, but unprofessional conduct, immorality, improper conduct, all should be so defined by our code of ethics that we need have no unfitting person on our register. The coöperation of every nurse is required for this. If women who are not striving to become of value to the profession are to be registered then registration loses its value. Only in putting the best in shall good come forth. What we as individuals stand for is what registration is to be worth. How careful, then, each one of us needs to be when asked to sign the necessary certificates recommending nurses for registration. It is not sufficient merely that we don't know but what she is worthy; we should know that she *is* worthy. We should have that close acquaintance with her work that we know it to be of high quality and done in a professional manner. We should know that her moral character is beyond question, that her habits and associates when off duty cast no reflection on the profession; all this we should *know* to be so ere we risk our own good name vouching for her.

Connecticut is notorious for its acts passed by the legislature that are uninforced and of no value. There is a law that all tires of wagon wheels used on dirt roads shall be of a certain number of inches in width; no charge has ever been brought against anyone for using narrow tires, and the conditions are just the same as if no law had been passed. We have legislation protecting the nursing profession, but if we do not strive to keep undesirables out, it will be as valueless as the wide-tire law. And this does not mean simply keeping women who are not graduates out, it means keeping all unprofessional, inadequate nurses from the register. An instance under my observation not long since, is a regret-

table sample of what we must keep out of our registry. A graduate nurse, so far as I know in good standing, a member of her school's alumnæ (I do not know if she is or is not a member of this association), employed to care for the wife of a resident in one of our "summer colonies," involved herself in so noticeable a flirtation with her patient's husband as to afford a gossip topic for the whole colony. It is not within our province to judge of the man's responsibility; his ethical code is a personal one; hers was our profession's, and therefore she was entirely to blame. She asked for a second nurse on the case when one was needed as much as I need two nurses now, and spent her time off duty riding and sailing with her patient's husband. She even wore her patient's gloves! Our whole profession was judged by that woman's actions. She was a graduate trained nurse. Is she eligible for registration? What value will registration be if she is? And is it not a fortunate thing that we secured registration so that we can cope with and discriminate against such a woman as this?

What shall be the standard by which we shall judge? This opens up the subject of a code of ethics for our profession. I recently wrote to six different firms selling text-books on nursing, for what books they had on nursing ethics. I heard of only one book, Isabel Hampton's "Nursing Ethics," and I wonder how many of us own that. There seems a lack of appreciation of this need, or there would be more works on the subject. "Medical Ethics" undoubtedly supplies nearly all we need, but there is so much that does not apply that we need it sifted for our use. Ought it not to be a part of our association's work to draw up such a code, simple, not too extensive but covering the points of professional conduct? No nurse but would find it of value, not only for deciding questions arising from time to time, but by its suggestiveness keeping us from growing lax in these matters. I appreciate too well the amount required from the nurse in training and the amount required of her teachers, not to realize how impossible it seems to add more to the curriculum, but I truly believe that if we would give the student nurse more instruction in professional ethics, even at the expense of Materia Medica and anatomy, the profession would profit. Nowhere does the responsibility of the intelligent woman for the existence of standards urge more strongly to action than to us here.

Again, when off duty we still belong to our profession. It is by no means unnatural to think that we are free from restraints or criticism, but are we? We are members of that profession whether occupied at the moment or not and we are responsible to it. What we as individuals do, will reflect for credit, or otherwise, on every member of the profes-

sion. We should make our lives above reproach, on or off duty, lest it reflect on the profession, and also keep the profession clean, pure and worthy lest it reflect on us.

There are few professions that combine, as nursing does, both physical and mental effort. Much professional work is purely mental and finds in physical exertion its offset. With us the physical and mental work are coincident. The irregularity of the life of a private nurse, in work, sleep, meals, length of cases and accommodations, are too well known to be mentioned but the effect of their strain, added to the physical and mental work, leaves any nurse who has given the profession's due to a patient for a case of ordinary length, in need of systematized rest and recuperation. First, rest in the form of mental and physical relaxation, and following that, recreation, re-creation in its literal sense as well as the accepted meaning of the word. Physical re-creation, then, in the form of good nourishing food regularly taken. We can, if we must, get on with short rations, irregular meals and poor food on cases, but we owe to ourselves and to the profession, when off duty, to take plenty of strengthening and nourishing food. It is not only false economy but hazardous to try to economize on food as so many of our nurses living in nurses' homes do. The body and mind rested and the body nourished, mental re-creation in the form of study and progress along professional lines, is in order. If a nurse passes time between cases without giving to her mind new professional food, it is as if the teamster put his horses in the barn at night to rest but did not feed them. Let this study be something definite, something more than a desultory reading of nursing magazines, or even a text-book. Of almost if not equal importance with professional study, is the pursuit of an avocation; be it music, flowers, a language, birds, or even embroidery, a something to be accomplished outside of professional work is a desideratum for every nurse. It keeps the mind broadening and balanced and is one of the best preventives of the much-to-be-deprecated shop talk and gossip.

Lastly but by no means unimportant, is recreation in its pure sense of play. Let it be in whatever form desire dictates, be it theatre, dancing, picnic, excursion, what we will, only stipulating for purity of thought and purpose and playing in such a way that it keeps the spirit of play, which is youth, ever fresh in us, and so that our profession can feel no shadow of harm from our action.

THE RENAISSANCE OF THERAPEUTICS

ABSTRACT OF ARTICLE BY DR. RICHARD CABOT

In a recent number of the *Journal of the American Medical Association,* Dr. Richard C. Cabot writes of "The Renaissance of Therapeutics," an article full of interest to nurses. We give an abstract of it for the benefit of those who have not seen it.

Therapeutics deals with the remedial, practical side of medicine, as opposed to the theoretic. He says a large portion of a physician's labor must be spent in finding out where a trouble lies before applying a remedy, but he thinks perhaps in the past there has been some temptation to become so interested in diagnosis that one's energy flagged before the question of treatment was reached, "like the man who went back so far for the run preparatory to jumping the brook that he forgot to jump it at all." For instance, patients with tuberculosis were given advice, general directions, and various prescriptions. If the patient were discouraged at the programme offered, he was allowed to drift away. "The new method is to reinvigorate the patient's courage: (*a*) by long, patient, and repeated explanations; (*b*) by taking a personal interest in his cure; (*c*) by the class method whereby one discouraged patient gets hope by hearing and seeing the success of the treatment in other cases; (*d*) by taking up and helping him to solve some of the practical objections to carrying out the cure which are likely to arise in his mind." . . .

"This supervision of details is best carried out in this, as in all fields of therapeutics, by a nurse. Most women are far better at such things than most men, and the visiting nurse is coming to be as essential a part, I believe, of the therapeutics of this as of many other types of disease."

He gives the following essentials of the aggressive treatment of any disease:

"1. We take the patient into our confidence.

"2. We tell him the truth.

"3. We attempt to meet the mental side of the problem by appropriate mental treatment.

"4. We try to meet the material side by calling on the resources of relatives, friends, neighbors, etc.

"5. We pay patient and long-continued attention to the details of his treatment."

Later, he refers to school inspection. "The old method was to have the school physician call at the school and examine any children

who had complained to their teacher of feeling sick. The physician's attitude was characteristically passive. If the disease were contagious he would send the child home and demand isolation; if the case was non-contagious, he would recommend the child's family to do something about it. The new method is to make a general physical examination of every child in the school at least once a year, whether it complains or not, and if, as is usually the case, a large proportion of the children are partially deaf or partially blind, the authorities do not rest content with good advice to the parents. Instead of this they come to close terms with the actual details of their problem in the way which experience shows to be the best and surest, namely, through a nurse."

Dr. Cabot next considers the increasing and intelligent interest taken by the public. "The great and beneficent activity against tuberculosis which has recently sprung up all over the country would have been impossible but for a wholly new attitude on the part of the public. The lay public is now doing fully as much as the physicians in this matter. The tuberculosis exhibits, the new hospitals for phthisis, the laws against spitting, the free examination of sputa and free disinfection of homes, are made possible only by the new interest and by the consequent liberality and coöperation of the public. The lay public must pay for these things and it must coöperate to make them effective; not infrequently it goes further and itself initiates the reform." . . .

"That we shall limit this medical education of the public to the single subject of tuberculosis I do not for a moment believe. About malaria, typhoid, yellow fever and other diseases the public must be given the fullest information that we can make them take, if we are to fight these diseases successfully. By slight, hardly noticeable steps, we have arrived at a standpoint commanding a prospect that would have astonished our fathers. We are teaching the public medicine as fast and as far as we can. The fear of alarming them, of leading them to brood over imaginary ills, and to attempt recklessly to doctor themselves proves groundless. Why? Because the public has already drank as deep as it can of the ills which we are now so fearful lest they taste. The public is already as groundlessly and nervously alarmed about disease as they can be made by the skill of advertisements intended to produce just this effect. The public will have some ideas about health and disease anyway, and the less we do to spread true ideas the more absolute will be the sway of the false and pernicious legends which are now foisted on them. The people will doctor themselves anyway, many of them, and the blacker their ignorance of health and disease the more they will do it and the worse will be the result."

Finally, he speaks of the place of women's work in therapeutics. "No one can fail to be impressed if he observes the steady increase in the amount of therapeutics now recognized to be best carried out by women. It has long been true that in the division of labor between doctor and nurse the doctor has made the diagnosis and prescribed the treatment, the nurse or the house-mother has carried out the treatment. It has also been long recognized that male nurses are seldom a success. There is in women a strong natural taste and aptitude for the very work of detailed therapeutics which we call nursing, an aptitude very conspicuous by its absence in most men.

"Within ten years we have witnessed a very interesting development in the functions of the nurse. We have now not only the nurses trained for massage and for physical therapeutics of other physical types, but the Nauheim bath nurses, the school nurses, the nurse who teaches and directs infant feeding. As fast as any branch of physical therapeutics is worked out to any degree of perfection we find it economy of time and labor to hand it over to those naturally fitted to carry out its details with the patience, tact and deftness that come from natural instinct and aptitude.

"In the newer psychic and physiologic fields which medicine has begun to invade I have no doubt that women will find a large field of usefulness. Social work and psychic therapy as they are practised independent of medicine are now overwhelmingly in the hands of women, and I see no reason for shifting these forms of therapeutics into other hands when they come to be more fully recognized and assimilated by medical practise. The effective application of all therapeutics (if you except surgery) is women's work."

ECLAMPSIA

BY ESTELLA CAMPBELL, DES MOINES, IOWA

Graduate Illinois Training-School

As eclampsia is generally considered the most serious complication of childbirth except hæmorrhage, we should have a perfect knowledge of the disease. Although it is said to occur but once in each three hundred and thirty cases and is not met frequently by the nurse, it is of such a serious nature that it requires the most skilful attention when it does occur. The following definition of eclampsia is given us by Dr. Jewett: "An acute morbid condition making its advent during pregnancy, labor, or the puerperal state, which is characterized by a series of tonic and clonic convulsions affecting first the voluntary, then the

involuntary, muscles, accompanied by complete loss of consciousness and ending in coma or sleep."

The convulsions in eclampsia are most horrible and come on suddenly, although there may have been premonitory symptoms such as headache, restlessness and insomnia, dizziness, vomiting, pain in pit of stomach, blurred vision, unusual irritability, and a lessened secretion of highly-colored urine. The occurrence of any of these symptoms should be reported at once to the physician, as it is possible in some cases to avoid an attack, if preventive measures are taken early. Eclampsia sometimes occurs early in pregnancy, long before the nurse's duties have begun with the patient, and these early attacks are more serious as a rule than those which occur later, or during delivery. When a nurse is present during an attack, she should give attention to the patient's tongue, as it is sometimes bitten or may fall back and cause the patient to choke. The convulsions usually cease when labor is ended, but may continue for several days, and death may follow some time after the delivery. It is the nurse's duty to note the amount and character of urine from the time she takes charge of a pregnant patient, as reports of obstetricians show that eclampsia is caused largely by renal diseases, although a number of cases have been observed where there were no renal disturbances. The danger of eclampsia, however, is materially lessened where sufficient urine is passed. During pregnancy, all elimination should be kept up freely. When a patient, during gestation, shows a tendency toward albuminuria, she is kept upon a non-nitrogenous diet and sometimes upon a strictly milk diet.

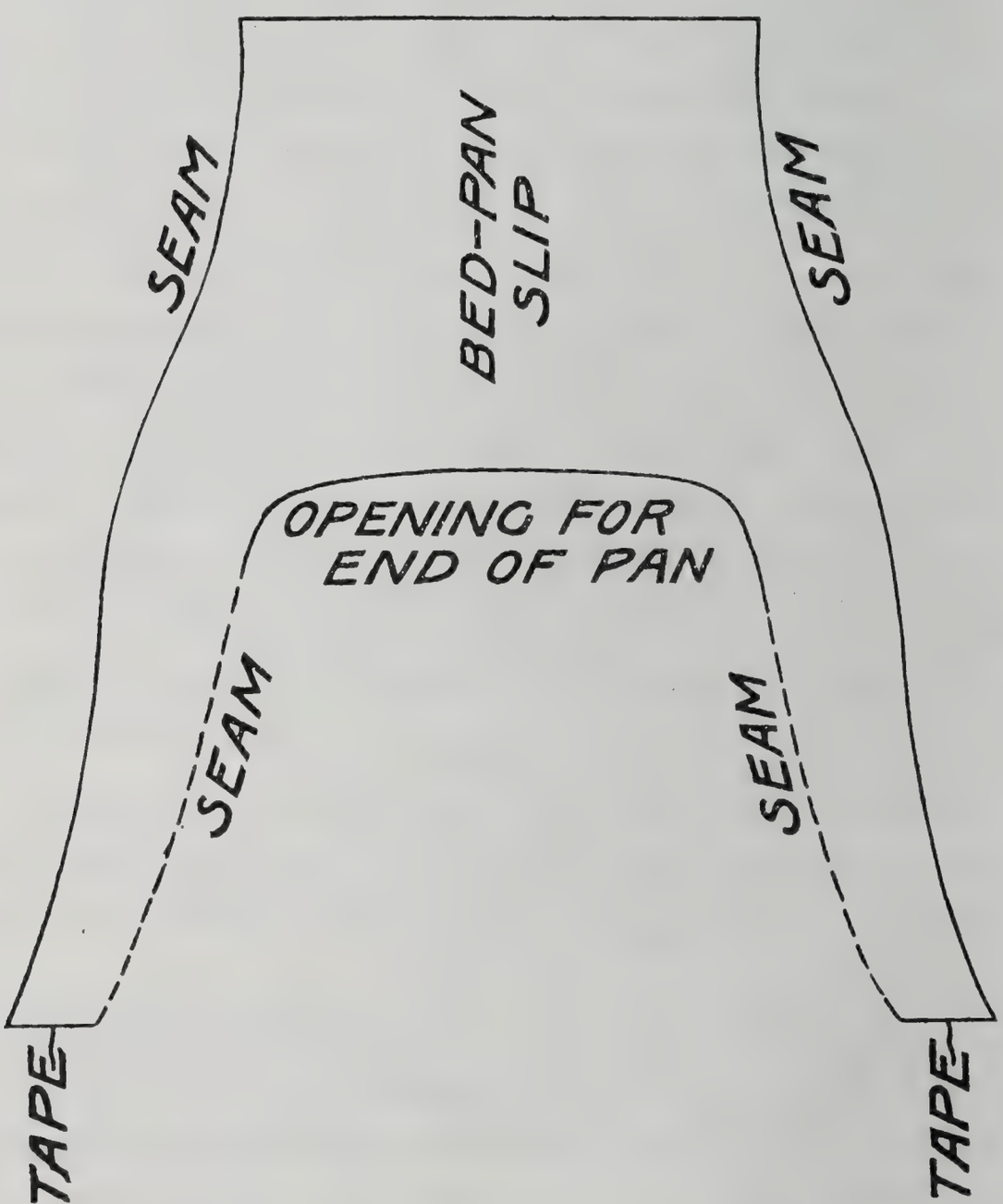
The maternal mortality in eclampsia is estimated at thirty per cent. while death to the fœtus occurs in at least fifty per cent. of these cases; one severe convulsion may kill the fœtus.

A child born of an eclamptic parent should receive the most careful attention, on the part of the nurse, as its vitality is very much reduced and supportive measures are necessary. Only too often these little lives are lost during the first twenty-four hours.

Eclampsia is more frequent in primiparæ than in multiparæ but in whatever case it may occur, it is an emergency of the most severe character and requires skilful, alert attention. It is a sad fact that ecalmpsia is often followed by insanity, apoplexy, and Bright's disease.

PRACTICAL SUGGESTIONS

HERE is a pattern of what I call my bed-pan pad; it has been a great comfort to my patients. For material, I use cheese-cloth, and always make two. They are easily changed and washed. I put a thick



piece of common cotton inside so that the patient does not come in contact with the edge of the pan. I sew tapes to the ends and tie them around the spout to keep the pad in place. I have found it especially

valuable in typhoid-fever cases, where there is so much danger of bed-sores. A. B.

[NOTE.—This is an excellent device for use with the "Slipper" bed-pan, but does not fit the "Perfection," which is now so generally used. Has any one invented a cover for the latter?—ED.]

I wish that through our JOURNAL some one would tell me how serious results can take place in young infants from the effect of too strong light before the eyes. I always try to avoid any steady glare, like an electric light, or even if the babe is in the shade out of doors, I avoid its looking at the sky, and, on cloudy days, the light that comes from a certain kind of a cloudy sky and which is too strong for even the eyes of a grown person. In the hospital, we used to think nothing of having a bright electric light on, when necessary, and had as much light in the room as desired though some of the windows might admit a great deal of sunlight. With sick babies, we always got them out of doors, thinking very little of the light. But I find that old people are very particular on the subject, and it seems reasonable, for the eyes must be as weak as the body of the infant in comparison.

Could any form of ophthalmia neonatorum be caused by an infant's looking at an electric light when only one or two days old? and could astigmatism, myopia, or weak eyes, come in any way from a baby's eyes being exposed to too bright light out of doors? MEMPHIS.

[In reply to the above query I would say: It is very generally known that men who have been unwise enough to look directly at the unclouded sun have frequently suffered total loss of function of the central portion of the retina of one or both eyes, and vision has been permanently impaired. Oculists frequently see cases of so-called electrical ophthalmia, due to exposure of the eyes to strong arc lights, or to unexpected "flashes" from short circuits. Blacksmiths, glass-blowers, puddlers, stokers and others whose eyes are frequently exposed to strong light suffer from chronic and sometimes incurable inflammations of the choroid and retina, occasionally terminating in total blindness. Book-keepers and others who work facing strong light, especially electric light, often suffer from a true inflammation of the same delicate structures, but in a lesser degree. We all know how distressing, almost painful, it is to come into bright sunlight from a darkened room.

The above facts illustrate the possible bad effects of strong light upon the unprotected eyes of adults. The new baby comes suddenly from

a world of absolute darkness, and unfortunately is able to open his eyes almost immediately to a flood of light which they are not prepared to bear. If this fact is not borne in mind by the nurse or the accoucheur damage may be done from which the child may suffer as long as it lives. Astigmatism could not be so produced, but it is easy to understand that an eye so weakened might develop myopia. Ophthalmia neonatorum is due to infection, and is never caused in any other way, but an eye weakened and irritated by too much light would be more easily infected after birth. It would be wise to protect the eyes of all babes in arms from direct sunlight at all times, and the eyes should always be protected from strong light of any kind during sleep.—Cassius D. Wescott, M.D.

In feeding convalescent typhoids many nurses are puzzled for variety. The following have been used with success. As soon as your patient can be trusted to spit out all fibre, take juicy round steak, cut into pieces suitable for chewing, have a pan hot, sear the meat on all sides, keeping in the juice, salt a little and put on a hot plate. In chewing this the tongue is cleaned, the saliva starts, and the patient is nourished. Gelatines can be made in numerous ways mixed with fruit juices, arrowroot in thick gruel or pudding to eat with cream, soups with rice, cooked several hours, oyster broth, clam broth, raw egg with orange juice, rice cooked three hours. A little later come soft boiled egg, baked potato, baked apple, toast and fish. F. B.

While on an obstetrical case, nine miles from the doctor, and with no telephone, the patient's breasts filled rapidly and became very painful. I applied antiphlogistine to the breasts, leaving just the nipple uncovered. In two hours the patient was greatly relieved, and in twenty-four hours the antiphlogistine was removed. The patient was so nervous that she could not endure massage at first, but after the use of the antiphlogistine what massage was necessary was borne quite comfortably. L. M. A.

How many nurses have the bed raised if it is too low to work over comfortably? I have people get blocks of wood, six inches square, and of the desired length—never less than eight inches, often more—and put one under each leg of the bed. That brings the patient up where lifting is much easier and saves many a back-ache, especially if much bathing or rubbing is necessary. L. M. A.

In "Practical Suggestions," A. E. refers to the use of two basins and two wash cloths in giving a bath.

For some years our superintendent of nurses has made her pupils commit to memory the following named articles as necessities in giving a bed bath: Two bath blankets, two basins, two wash cloths, two towels, pitcher of water, slop-jar, alcohol, soap. A PUPIL NURSE.

In giving either a high or low enema, a soft rubber catheter is much better to use than a hard point. F. B.

Peach stains will yield readily to a treatment with spirits of camphor. Soak for a while in the camphor and then wash in pure water.

A solution of powdered alum in water, a dram to a quart, or stronger, is sometimes ordered to be used in giving flushings to patients troubled with flatulence. F. B.

DR. LUCY RYDER MEYER, writing in the *Deaconess Advocate* of an interview with Lady Henry Somerset, gives the following:

"Have you any message for our American women?" I asked. "For my girls especially? You know I have two hundred or so every year in the Bible Training-School."

"Give them my love and tell them not to think the time wasted that they spend in training. Do emphasize to them the value of training—it cannot be overestimated. Not only your missionaries, but your nurses. Do not send them out till they have their diplomas."

I told her of our hospital ways; that it is difficult for a woman to get work as a nurse anywhere unless she has her diploma.

"That's as it should be," said she, nodding her head. "I will have nothing to do, if I can help it, with any but thoroughly trained nurses."

YOU will find as you look back upon your life that the moments that stand out, the moments when you have really lived, are the moments when you have done things in a spirit of love.—*Henry Drummond.*

"UNQUESTIONABLY," says Judge Lindsey, of Denver, "drink and desertion of families by fathers is doing more than any other one cause to force parental responsibility upon the state."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

THE INFLUENCE OF AN EXCESSIVE MEAT DIET ON GROWTH AND NUTRITION.—The *Medical Record,* quoting from the *Lancet,* says: "D. Chalmers Watson in 1905 drew attention to the remarkable increase that had taken place in the consumption of animal food in England during the past fifty years (see MEDICAL RECORD, July 22, 1905, page 152, for abstract). During the past year he has made observations on the influence of a meat diet on the growth and general nutrition, and the paper deals with the clinical results obtained by feeding rats on an exclusive flesh diet. A summary of his results shows that growth is retarded, sterility is induced if the diet is commenced in very early life, the power of lactation is diminished, a permanent weakening of the resisting power of the animal is induced by the use of an excessive meat diet in early life, the animals succumbing to disease at an unusually early age, and there is a high death rate in the offspring of animals fed on an excessive meat diet."

SOME UNHEEDED PRINCIPLES INVOLVED IN THE DIETETIC MANAGEMENT OF INFANTS IN HOT WEATHER.—At the meeting of the American Medical Association in Boston, Dr. Godfrey R. Pisek of New York City presented the following conclusions: (1) In warm weather keep a light woolen garment over the abdomen to prevent sudden chilling of the skin and consequent heat retention by suppression of perspiration. (2) Bathe infants twice daily. (3) Give plenty of cool boiled water to drink, to replace that lost by evaporation. (4) Pasteurize the food to retard its decomposition. (5) If the weather is close or muggy, or the humidity is high, dilute the food with one-half boiled water. In very humid weather, with high temperature, stop milk altogether, and feed gruels until the humid condition is past. (6) On warm, humid nights do not give milk feedings, because the humidity is higher at night than in the daytime. (7) For diarrhea give calomel or castor oil to eliminate decomposing food. Stop all milk feedings temporarily. If the air is hot, but dry, milk feedings may be resumed quite rapidly. If the relative humidity is high, feed gruels to reduce heat production and also to

starve out putrefactive bacteria and cautiously get back to the milk feedings. (8) Provide a circulation of air, as stagnant air soon becomes saturated with water vapor and no more perspiration can evaporate and absorb heat.

Causes of Coated Tongue.—The *Journal of the American Medical Association,* in an abstract of a paper in *Berliner Klinische Wochenschrift,* says: "Rollin presents evidence to prove that the microscopic findings in the fasting stomach are identical with those of the tongue. He has also demonstrated that in case of hyperacidity the blood is nourished more than in normal conditions, and in case of lacking acidity, it is nourished less. The over-nourished blood induces hyperemia, increased metabolism and consequent throwing off of the superficial epithelium. In such conditions the tongue throws off its epithelium and appears red and clean. In case of lacking acidity, the metabolism is depressed and the epithelium is not thrown off but remains as a coating. The coated tongue is thus the result of anemia, and the anemia he ascribes to the lacking acidity in the stomach."

A Means of Preventing Dermatitis from X-Rays.—The *New York Medical Journal* says: "At a recent meeting of the Société de Chirurgie of Paris, Bazy described an expedient which he had found effective in preventing burns of the skin during radiation. It was simply to filter the rays through a rather thick layer (4 to 5 centimetres) of absorbent cotton."

Use of Hot Solution of Soda in the Disinfection of Floors.—*Gazetta Medica di Roma,* as quoted by the *Medical Record,* has the following: "Giuseppe Pecori calls our attention to the lack of efficiency of the solutions of corrosive sublimate in ordinary use for disinfection of walls and floors. He finds comparatively useless many disinfectants ordinarily used. In order to obtain a disinfectant that would be efficient for the disinfection of hospital floors, as well as the rooms used in infectious cases, the author has made experiments as to the value of solutions of soda used hot for the destruction of the tubercle bacillus and other common germs. He finds that solutions of soda of 2 per cent. used hot and kept in contact with the bacteria for from five to ten minutes are not to be relied upon to destroy the bacilli, but that if solutions of 5 and 10 per cent. be used hot and applied for five or ten minutes they are efficacious and destroy all the bacilli. He believes that such solutions have a very real value in the disinfection of walls and floors, and that at

the same time they are not at all injurious even to cement floors. Another advantage is that the solutions are exceedingly cheap. The commercial soda that is an oxyhydrate and contains 70-72 per cent. of sodium hydrate is the one that should be used."

Behring's Tuberculosis Remedy.—The *Medical Record* says: "True to his promise made to the International Congress on Tuberculosis in Paris last autumn, Behring announces that the new remedy is ready for delivery in small quantities to clinicians who are in position to make satisfactory tests. He is not ready to put the remedy on the market, as it has not yet been sufficiently tested, but hospital physicians will receive it in small amounts free of charge. The remedy, which is called tulase, may be given hypodermically or per os."

Treatment of Constipation.—The *Journal of the American Medical Association,* quoting from a German contemporary, says: "The principal features of Kohnstamm's successful treatment are the avoidance of meat and the ingestion of milk three times a day at least. He believes that worry has a constipating effect and that the focussing of the will power is liable also to have an inhibiting influence on the visceral functions."

Disinfection with Hot Water and Alcohol in Obstetrics.—*Muenchener Medizinische Wochenschrift,* as quoted in the *New York Medical Journal,* says: "Von Herff strongly advocates the use of hot water and alcohol for cleansing in obstetric cases on account of its certainty and comparative simplicity, as demonstrated at the lying in hospital at Basle. He also finds the same application an efficient protective in wounds."

Influence of the Duration of an Operation.—*Fortshritte der Medizin,* as quoted by the *New York Medical Journal,* says: "Kessler believes, as the result of analysis of twenty-eight abdominal hysterectomies, that long duration alone of an operation has not the significance that has been attributed to it. Only one of his cases was fatal, and death resulted from repeated gastric hæmorrhages and necrosis of the pancreas. The duration of his operations was from an hour and three quarters to two hours and three quarters. He does not believe that a two hour operation necessarily results in shock. The probable disadvantages of long operations may be obviated by observing the following requirements:

1. Continued asepsis to the utmost limit. 2. Avoidance of hæmorrhage so far as possible. 3. Avoidance of wet applications during the operation. 4. Careful hæmostasis. 5. Use of dry dressings after the operation. 6. Ether narcosis."

Resuscitation of the Drowned.—The *Medical Record* says: "The superintendent of the Third District of the Life Saving Service has reported a remarkable case of resuscitation after a prolonged immersion under water. The case is that of a man who was thrown into the water off the coast of Rhode Island on July 4 by the capsizing of a boat, and, according to the official report, remained under water for twenty-three minutes. Artificial respiration was kept up for an hour and forty-eight minutes before the first signs of returning consciousness were noted, and the patient did not recover complete consciousness until the following day."

How the Arabs Prepare a Dose of Castor Oil.—The *New York Medical Journal* has the following: "The *Journal de médecine de Paris* states that the Arabs when they wish to take castor oil, drop from fifteen to twenty grammes of oil into a glass of milk. This is placed upon a stove and heated, while being stirred with a spoon. In a few minutes a perfect emulsion is formed, and to this a generous quantity of the syrup of orange flowers is added. Administered in this manner the oil is more active, fifteen to twenty grammes being usually sufficient for an adult."

Extracts from the Diary of a Boston Surgeon.—September 15, 18.—Captain Cooke operated on for extirpation of half the lower jaw; well, and has scarcely a scar.

Gave one hundred and fifty drops tinct. opii, in addition to ten grains of opium, given an hour before the operation; did not make him sleepy.

October 22, 18.—Died, Dr. ———, a good man, with a bad temper.

The five-year-old son of a missionary was present at a prayer-meeting where a number of older people related their experiences of long years of christian life. At length the boy arose and said, with deliberation: "Just sixty years ago to-night, in this place, I gave my heart to God!"—*Deaconess Advocate.*

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

KOREAN NEWS.

Miss Esther L. Shields has kindly sent us a collection of reports and leaflets showing the wonderful extension of medical and nursing missions in Korea, which only thirty years ago was closed to all the outer world. We have made some extracts from these leaves, which give a glimpse of what is going on.

All the diseases that flesh is heir to, and the climate will permit to flourish, are found among the Koreans. Their condition is made worse by their unsanitary mode of life, and by the fact that diseases, with one or two exceptions, are not treated by the Koreans in a way that does any good. Surgery is wholly unknown.

They believe that disease is caused by a demon that enters the body, therefore they most frequently use a needle in order that the evil spirit may find an exit. These punctures are made in any place in the body, even the eye. Where asepsis is unknown, the lamentable results had better be imagined than written. The Korean medicines include all kinds of charms and inert and poisonous things.

At the start the results of foreign surgery and medicine were so remarkable as to seem miraculous. Missionary work among the cholera sufferers in 1886 and 1894 did not a little to break down the anti-foreign prejudices.

The Koreans greatly need instruction and help in scientific medicine and surgery, and almost every American or English doctor does either dispensary or hospital work or both, and helps to instruct young men and a few young women in medicine and the care of the sick. Many of the homes are so small and unhygienic that typhus fever, smallpox, scarlet fever, and other contagious diseases are often seen. Cholera comes occasionally, dysentery every summer.

Severance Hospital, which was opened in its new buildings in September, 1904, has been carrying on its beneficent work without interruption ever since. The two years that have elapsed have proven the great need of this hospital in its present form; 16,000 people have been

treated in the daily dispensary clinic, and 490 have been admitted to the wards, while a large number of visits to homes has been made. A considerable number of persons other than Koreans has patronized the wards of the hospital, the list including Americans, English, French, Japanese, and Chinese, and the adaptation of the institution to this use is likely in the future to prove one of its most valuable features, more especially as the nursing department is to be strengthened by the addition of trained Japanese nurses, who will serve as head nurses under the direction of an American trained nurse (Miss Shields), a sufficiently large staff of Korean women being under the guidance of the above to insure the thorough care of every patient. Up to this time it has not been thought proper to place Korean women as nurses in the male wards, but the rapid changes in the ideas and customs of the Korean people, and more especially the development of Christian principles and practices in such a large number, have prepared the way for the introduction of this most desirable feature and many Christian women are now offering themselves for training as nurses, so that it is expected that ere long all the male nurses will have been replaced by women. A definite course of study and training is being laid out for them, and the experience of the physicians leads them to believe that Korean women are capable of becoming very excellent nurses. Fifty dollars supports a bed in this hospital for one year.

THE HOLLAND PREPARATORY COURSE.

The Nurses' Association of Holland is doing a very fine thing. We are just in receipt of a circular sent by Miss Van Lanschot Hubrecht, the secretary, announcing a most interesting and admirable preparatory course for would-be applicants for the nurse's training.

The course, which comprises two academic years (from September 15 to July 1) has been brought into existence by the efforts of the nurses' organization, with the copartnership of two different already-existing institutes, the one for Domestic Science and Housekeeping, the other for Social Organized Work, and would appear to be comparable to a course at Pratt or the Drexel, united with the Philanthropic School of the Charity Organization Society, and the preparatory nursing work at one of our good hospitals. The first year's work includes cookery, household accomplishments, mending, care of linen, and laundry; the simplest nursing duties, bandaging, anatomy, hygiene, elements of natural science and reading aloud.

The second year includes more advanced anatomy and physiology,

sterilization, knowledge and care of instruments, preparation of dressings, and such accessory gifts as Sloyd, kindergarten principles, cutting of children's garments and bookkeeping while an ardor for social betterment is evinced in the provisions made for becoming familiar with the poor laws, housing problems, and social settlement work (to which is given the excellent name of Toynbee work).

Visits will be made to institutions, and altogether it would seem that the Holland nurses have the opportunity of a large and liberal culture before taking up hospital training. As three years constitutes a hospital course, these well-taught workers will have given five years to their training, an impressive rebuke given by little Holland, land of humanitarian work and model institutions, of upright men and thoughtful, earnest women, to our six-weeks' correspondence schools.

THE nurses trained under the supervision of Dr. Anna Hamilton, of Bordeaux, France, have begun issuing a nursing journal. Dr. Hamilton has established the English method of practical training under a nurse superintendent, and her graduates are moving into pioneer reform work in a number of French hospitals. Their journal is a most welcome evidence of their enthusiasm and spirit, and we rejoice in it and extend our congratulations and fellow-feeling.

It is to these nurses that we must look for the nucleus of a future national organization of French nurses.

Meantime the various attempts at training now being conducted in Paris are all showing advance steps from time to time.

The somewhat elementary and tentative methods of those Parisian organizations which do not possess full hospital facilities and are obliged to content themselves with sending their pupils to the hospitals for a few hours each day, ought not to be judged too critically, for this has been the first stage of nursing education both in England and America, before the full reform of nursing was brought about.

THE Provisional Committee of the National Council of Nurses of Great Britain and Ireland is arranging to hold a Nursing Exhibition in November, and is desirous of making a collection of nursing journals, alumnæ journals and reports, and school or alumnæ badges or pins. All the Alumnæ or other Associations publishing journals or leaflets are asked to send copies, and training-schools or alumnæ officers are asked to send one of their pins or badges, for exhibition. They will be care-

fully returned to the owners at the close of the exhibition. They should be sent to Miss Mollett, Matron, Royal South Hants and Southampton Hospital, Southampton, England, who assures her personal care of the articles and their safe return. Journals are also to be sent to her but will not be returned unless so requested.

THE Australian nurses have gotten the idea, quite naturally, that the Americans wear trailing uniforms, and there is no doubt that the lines quoted from the JOURNAL do convey that idea, viz:

> DEAR SIR,—By the account quoted from *The American Journal of Nursing* in *Una*, 30th April, it appears that as American nurses were in the habit of wearing long uniform skirts, "Trailing over side walks slimy with expectoration, drabbled through the mud of the streets in sloppy weather," it was found necessary that they should go to their cases in private dress, and it has been argued from this that we should do the same. But why should we be compared to nurses of this type? Our uniforms certainly do not resemble those described, and most of us would feel insulted by the suggestion that we were capable of similar conduct.

The customs of one country cannot hold for another. We are inclined to think that the Australians do not know what Chicago mud is, nor our March weather. With our variations of climate uniform on the streets is not a practical convenience.



THE WORK OF MICHIGAN PHYSICIANS.—Under the leadership of Dr. A. Carrier, of Detroit, an active campaign has been begun by the physicians of the state through a permanent committee on venereal prophylaxis which has been appointed by the State Medical Society. Under this committee public meetings have been planned for every county in the state. At the public meeting held in June, in connection with the annual meeting of the State Medical Society, men and women of prominence in other than medical circles were present to discuss the practical question of ways and means, thus publicly identifying themselves with the movement initiated by the physicians.—*Charities.*

THAT which we are, we shall teach, not voluntarily but involuntarily. —*Emerson.*

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

Leaves from a Nurse's Life History. By Jean S. Edmonds.

It does not fall to the lot of many nurses to meet so many and widely-diversified experiences as Miss Edmonds has encountered in her ten years of professional life. These experiences are just faintly indicated in the little book which is offered under the title "Leaves from a Nurse's Life History." The book itself makes no literary pretensions. Indeed, one is inclined to quarrel with the author, who has evidently been guided by her Shakespeare: "We wound our modesty, and make foul the clearness of our deservings, when we ourselves publish them." It is only the boldest facts which we are given, and these in the most abrupt and ungarnished and disconnected style; yet one lays down the finished book with a feeling of amazement, which gradually becomes one of great respect for our own calling. The book takes us from point to point with the swiftness of a dream. From the log-cabin home in Canada to the Rochester Homeopathic Hospital Training-School; a short but apparently most happy year of private duty; then back to discipline and study again, this time in the Newton Theological Seminary in preparation for foreign missionary work. Next we find her in the Congo Free State, where her energy apparently spent itself too prodigally, as she was sent home, invalided, in two years. Taking up private duty again, she had but had time to realize the pleasure of working among refined surroundings, when at the outbreak of the Spanish-American war there came a call for volunteer nurses. Miss Edmonds was one of the first to respond and went South to Camp Sternberg, Chickamauga Park, in August of 1898. December of the following year finds her in Manila, where on Christmas Day she went on duty in the First Reserve Hospital; from there she was later transferred to Santa Mesa. A year later finds her again homeward bound, on board the transport "Logan." Fourteen days in America, then off again for Manila, this time to remain until, with the end of the war, fewer nurses were required in the East. Here comes what seems to be a real holiday, spent in the company of her sister, a missionary, in India. The home journey to San Francisco is made leisurely and profitably, visiting China and Japan *en route*. At San

Francisco she enters once more the calm and humdrum field of private nursing, pursuing this uneventful course until December, 1905, when she was obliged to change places with herself, and the nurse became a patient. She gives no particulars, merely mentions that she "emerged from the hospital crippled by the loss of a foot after untold torture." Within six weeks she wakes one morning to the agony of impending death from the great earthquake. This part of the book is naturally the most graphic, being the latest experience and one too well calculated to wipe out everything that went before it. She leaves us happy in her safe retreat at Berkely, California, rejoicing in the thought that her late companions in misery are also safely delivered. There is no whining apprehension as to the future; no hint of suggestion that here ends everything that makes life worth living; no fear of losing that splendid independence; in fact, one feels that the book only ends because we have reached time's present moment, and that in another year Miss Edmonds will have another and a larger volume for her waiting readers.

It is a thousand pities that this most wonderful little book should seem to be restricted by the manner of its publication. Printed by a Rochester newspaper, and offered for sale by a local bookseller, it stands a poor chance of the wide circulation which it ought to have. It deserves a high place in the propagandist literature of the profession, not at all for its literary merit, but for the light it throws on the opportunities of the profession.

To those inveterate grumblers who shall say, on reading, that they don't see much prospect of following in Miss Edmonds' footsteps now that the war is over, and the earthquake has passed, we beg to point out that Miss Edmonds' starting point, the missionary field, still remains. In this week's issue of *The Living Church* there is a letter signed by the secretary of the Woman's Auxiliary, at the Church Mission House, 281 Fourth Avenue, New York, calling for forty-five women workers, of whom many are required to be trained nurses, offering as a choice of location the Philippines, Alaska, China, Japan and Porto Rico.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this department.*]

A WORD FROM MADISON, WIS.

DEAR EDITOR: Like the Quakers in the early days of our country, I am "moved to speak."

Nursing is a profession in which those who enter it must, to a very large degree, give up their own personal desires outside of their work. It is, however, a profession in which those who are interested find great delight. The tendency of it leads to a life of unselfishness, but not a loss to one's dignity or individuality of thought. Rather every year adds to the dignity of our profession, and new lines of work are continually opening to us.

Whatever we can do to broaden and improve our lives we should do along the line of general culture, as well as increasing our knowledge in the line of our work.

Let us not emphasize, then, too greatly the unpleasant things, which are only incidents in our work. We are women of mature years and should grasp conditions so as to know what is just and proper under existing circumstances,—then do in a womanly way what we know to be right.

We have risen above the point of discussing whether or not we, as nurses, should wash the daily soiled clothing of a young babe. If there is some one else to do it, well and good; if not, twenty minutes will solve the problem and we be none the worse for wear. Rest from our work is very important, and outdoor exercise is, too; but I am always suspicious of the nurse who harps on her "two hours." Let us take our rest and exercise, but obliterate that term, so that the people will not have reason to believe that we think more about ourselves than we do of our patient. I do not wish to minimize the importance of rest and exercise. They are of vital importance to a nurse. She must have them. There are times, however, with a very critical case, when these cannot be according to any set rule, or plan, for even two consecutive days; that is, if the nurse is just to herself and the physician, saying nothing of the patient. At such a time a brisk walk for fifteen or twenty minutes, two or three

times during the day, will not worry the family because of our long absence, and we will have the exercise and feel as much rested as though absent longer. Such a walk is specially good to take in the evening when we know a long night is ahead of us. It is not long enough to tire, but refreshes.

When watching is constant in a critical case, I have found that some twenty minutes spent in a vigorous gymnastic exercise in a room with windows open will often rest me more than anything else I can do. And again, we all know that a hot bath takes away "that tired feeling."

Often on entering a home we find those in it weary with watching—perhaps too nervous and tired to sleep. On the morrow, then, though we forget not our own need, we must also remember theirs. A word in regard to relief. Sometimes we must have it, and when we do, the wishes of the physician and patient should be considered as far as possible. But it is not desirable unless we do have to. No two nurses do things just alike, and the patient is obliged to become accustomed to the manner and methods of each, and though the nursing may be equally good, it is usually more or less exciting to the patient to make a change even for relief.

I have in mind an instance of a very sick woman. Two nurses at first were imperative. In four or five days the patient, though still very sick, was better. The husband was very solicitous and wished every attention given. However, the patient was very sure she would sleep better if Miss J., the regular nurse, would lie on a cot near her and go to sleep, rather than have Miss S. come, who when not attending to orders sat in a chair to watch her. Miss J. was of the same opinion, and the husband was persuaded. The result was by far the best night the patient had had. The husband, however, at 1 A.M. called by telephone (the patient was in a hospital), to know conditions. The floor night nurse wakened Miss J., thereby wakening the patient, to answer the message. The following night there was no midnight message and both patient and nurse slept well. There was nothing further said about a nurse to relieve.

Patients often take one or two naps during the day, and there is no way so sure of being quiet as to drop down on one's cot and go to sleep, too. Seizing such opportunities for rest has tided us over many a weary siege, and in over six years' practice we have been relieved with only five patients, and have never left a case or had one day of sickness. We are beginning to wonder if our three years' hospital work should be counted in the oft-referred-to "ten years," for if so, our limit is nearly reached, yet physically feeling better ready for the coming ten years than we were ten years ago for the work then before us.

One thing more we would like to say, and it is that when we believe it is our duty to make some reduction in prices from what we consider our regular charges, there is no rule we could follow equal to the Golden Rule, or in other words, put ourselves in the place of those in whose home we are. I believe a nurse as thoroughly as a physician is in duty bound, at times, to make some reduction. It is also reasonable and just at times to add to the usual charges.

But when we make a reduction let us do it in such a manner as to cause not humiliation but gratitude.

A wonderful future lies before the women in the nursing profession. Let us be alive to our highest opportunities in the greatest needs of humanity, and study to show ourselves approved before God and men.

ANNE J. HASWELL,
Illinois Training School.

THE EDUCATION OF THE MIDDLE CLASSES AS A FACTOR IN PROVIDING THEM WITH SKILLED NURSING

DEAR EDITOR: Many papers on the subject of providing families of moderate means with skilled nurses at a reduced price have appeared lately in our nursing journals.

The cry has gone out from the community, that people drawing modest salaries are unable to procure the services of a nurse who has graduated from one of the best training-schools, for less than the exorbitant price of $25.00 a week! Has this same community, we would beg to ask, fully considered the possibilities that are at their command, or are they simply consulting their own convenience or preference when they refuse to enter a hospital, where they can honorably pay their way with what they can afford to advance? In a combination of effort lies a possibility of doing, at a reasonable cost, what a private individual would find quite beyond his reach. Our country is plentifully supplied with hospitals, and through the philanthropic efforts of many of our generous citizens, there is, in almost all places, a small staff of skilled nurses available, who carry on their work among people who are unable to pay them. The work along this line is still in its infancy, but that it will grow and win for itself the support of our government and influential individuals, no one can doubt. Nurses are working women, many of them springing themselves from the middle classes, and very many of them having heavy demands, made by members of their own families, upon their financial resources.

A nurse doing her utmost can earn but a few hundred dollars each year, and, after that has been drawn upon for necessary expenses, she can seldom put away more than from two to four hundred dollars a year. Our working lives are short, and some day our little savings may be our all. Why, then, should the question arise as to the advisability of these nurses donating five, ten, or fifteen dollars a week to the family of some person of small resources, who prefers to have his sick wife stay at home, instead of taking advantage of his opportunity to send her to a comfortable and well-equipped establishment, where she can be better cared for, at a cost, to him, that is quite within his means?

Few of us have gone through our training, and subsequent work, without seeing striking cases of where ignorant pride has seriously crippled the financial resources of many families. One case in view, was that of a woman, the wife of a conductor on a railroad, who was in need of long hospital treatment. She had been admitted to an open ward, where the dues were some seven dollars a week. She bitterly complained of her surroundings, and was transferred, within twenty-four hours, to a private room, thus increasing her expenses to thirty dollars a week. After some months in the private ward, her husband wrote of his inability to meet such heavy demands upon his resources, and as a consequence she was subsequently admitted to the free list of the hospital.

The education of our great middle classes seems desirable. The man who cannot afford the "Waldorf Astoria" must content himself with the simple boarding-house, and could scarcely demand a reduction of rates to suit his pocketbook. Were there no alternative for the moderately circumstanced, could they in no way procure skilled service of educated men and women to care for their sick, then should we begin to plan a means of shouldering the responsibility of caring for our sisters and brothers in misery; but, when the public has provided hospital beds that may be procured for anywhere from $1.00 to $10.00 per week, and has placed in these hospitals the best of nurses and doctors, then let the middle class take advantage of what they have, leaving the expensive service of such nurses as have not independent financial resources to the rich, who can afford to pay what is a reasonable remuneration for service given! If contributions are in order from our nurses to the public, let our action be concerted, and a general tax be levied, the proceeds from which would amount to enough to really accomplish something! For those who can afford to give their time innumerable avenues of usefulness are open, and there are many noble women already in the field. A lowering of our prices, already at the minimum when the cost of living is considered, will surely give rise to many difficulties. Again, let us

educate our great middle class, so that they may benefit by what they have, rather than tax a few over-worked nurses in order to encourage the foolish prejudice of those who prefer to be nursed at home!

NANCY P. ELLICOTT, *R. N.*,
J. H. H., 1903.

EVOLUTION OF THE NURSING PROFESSION

DEAR EDITOR: It was with unusual interest that the writer perused both your editorial in the April number and the comments upon it in the June number, by "A Registered Nurse."

All history shows that great progress comes about as an evolutionary process.

Very short-sighted, indeed, must the well-informed nurse be who does not see and realize that nursing is in a marvelous state of rapid evolution, working for the eventual betterment of the whole nursing body.

It is a well-recognized fact that there is a stage of more or less apparent chaos in all reform movements and we, as members of the great nursing body, cannot expect to escape this stage for the transition periods from preferred occupation, to avocation, and to profession, are working more rapidly at present than ever before.

The great trouble is with ourselves. To get the best out of anything worth doing is to enter it with the question: "What can I put into this work?" not "What can I get out of it?" Too many of us enter nursing and nursing reforms with the question "What can it do for me?"

In the law, the ministry, and the medical profession, the beginner realizes that he lacks the experience with men and affairs as well as in his profession that entitles him to a place on the top round and a fee in the top notch, and he begins accordingly. In the meanwhile, he *studies*, takes *post-graduate* work, in fact, does everything possible to make himself the peer or the superior of his contemporaries. In due time, if he has proven his worth as a man as well as in his professional capacity, he can place his fees where his worth may entitle him to do so. But those who have not been able to stand the trial by fire eventually take up life in more congenial fields or become stragglers.

The nurse who condemns what she calls the overcharging of the rich or the undercharging of the poor by physicians, fails to realize the fact that such professions as medicine, nursing, the law or the ministry—professions whose purpose is to protect the life and liberty of the people—cannot be made to conform to ironclad conventional

and ethical rules. Such professions must obey, first of all, the Golden Rule.

The following incident will illustrate the point:

A man of large means from a Texas town went to consult a Chicago specialist of world renown, concerning the eyes of his young daughter. After an examination, the doctor assured him that it was a hopeless case—nothing known to science could save his daughter from total blindness, and presented him with a bill for five hundred dollars. The Texan was somewhat startled and remonstrated that the doctor had done nothing, to which the doctor replied: "You have travelled hundreds of miles because you were willing to accept my diagnosis of the case as final; my prognosis has saved you thousands of dollars which you would otherwise have expended in seeking relief for her. In my hour and a half's conversation with you I have reconciled you to her future and shown how you may still make life bright and worth the living for her. This afternoon I go to a Charity Hospital, where I go every afternoon, to give my services." The Texan, seeing that this man was working to alleviate the sufferings of mankind, willingly paid the five hundred dollars. Nor need we add that the doctor did not try to impress his clinic patients with the fact that he was doing them a charity act.

There is a quality in real and true professional work that money never pays for. The professions that guard the life or liberty of humanity cannot put their work upon a purely money basis or it would more than bankrupt the Rothschilds.

The architect, according to the plan of a house, charges the same, whether it be for a rich man or a poor one; but that is a matter in which a man may choose.

We have no right to deny to the great middle-class patient suitable nursing service in the emergency "created by the hand of God or the public enemy."

Now, it is for us to decide by our action if we will work out our salvation along professional lines.

So long as we talk of "wage" and "uniform charges," we put ourse ves upon a trades-union basis, and need not be surprised if many people look upon our registration laws as they do upon those of plumbers, instead of as we wish them to do, viz., as upon the laws of the medical profession.

Formerly the professions were limited to the classes of people who earned a livelihood by mental work alone.

We, as a nursing body, are trying to prove that those who work with mind and hands almost equally, are entitled to be classed as

professionals, too; but we must live up to it. We must enlarge our perspective and not keep our eyes upon the ground. On a moving train, if you keep your eyes on the portion of the landscape close to the window, your vision becomes blurred, but by looking far out toward the horizon, you get a fair view of the country. So it is with the ruling events of every day—we must not let them blind us to the great object we have in view. One must not allow the inevitable daily demands and exigencies of life to altogether obscure from us remoter and higher ends. Of course, there are and always will be those who have others to help, but these present realities must not let them lose sight of their ideals.

The day is bound to come when our fees shall be largely in proportion to the means of the patient.

The lawyers have long since charged so, the doctors are making it an established practice, and we, in our turn, if we are to be a professional body and not a trades-union, are bound to reach that point. If we help to hasten the day, so much the better for all.

It will come when we have fewer and better training-schools; when the older nurses keep fully abreast of the times; when the younger nurses do not feel competent to charge a larger fee than those who have had wider experience with disease, men, and affairs; and when, too, we do not try to burn the candle at both ends by working night and day, thus making our period of usefulness far shorter than it should be.

L. May Bushey,
New Orleans.

THE WEARING OF THE UNIFORM

Dear Editor: A physician who recently spent some days at the Virginia Hot Springs recited the following incident, followed by the inquiry as to whether the nursing profession at large regarded such practices favorably:

"A trained nurse appeared in the general dining-room regularly at all meals in full uniform. He informed me that several persons, men particularly, commented upon it, and referred to him as one who should understand the proprieties in such a case. The question naturally arises, Did not the young woman rather enjoy being conspicuous? Should not nurses rather prefer to confine the use of the uniform to its legitimate sphere? There is no doubt that the large majority of nurses would regard the parading of the uniform with disfavor." N. E. C.

[Another instance of an unwise individual bringing discredit upon the whole nursing body. It would be interesting to know if this woman is a graduate from a reputable school.—Ed.]

"CONTACT INFECTION"

DEAR EDITOR: I am not acquainted with the article referred to by the nurse who styles herself "A Back Number," but I should imagine "contact infection" in typhoid fever to mean practically the same as "digital infection." The hands (fingers in particular) coming in direct contact with the typhoid bacillus during the necessary attention to the patient's person, clothing, bed-pan, etc., unless thoroughly disinfected, *especially before meals,* act as carriers of infection. Years of observation have convinced me that lack of proper attention to the hands is a common cause of typhoid fever among nurses. May be I am "off the track" and the "contact infection" referred to may be something else; if so, I subscribe myself ANOTHER BACK NUMBER.

EQUAL SUFFRAGE MOVEMENT

HEADQUARTERS NATIONAL AMERICAN WOMAN SUFFRAGE ASSOCIATION,
WARREN, OHIO, September 15, 1906.

DEAR MADAM: For many years, at every session of Congress, there has been introduced and referred to the appropriate committee a joint resolution providing for submitting to the State legislatures an amendment to the Constitution of the United States allowing women to vote. Hitherto this joint resolution has never received the necessary vote of two-thirds of the members of both Houses of Congress.

It is our belief that one of the reasons for past failure lies in the neglect of women, in the different States, to ask candidates for election to Congress, *before the elections,* whether or not they will vote for the submission of this amendment.

Members of Congress who pass through the campaign without being made aware of the desire of their constituents for the submission of this amendment, cannot reasonably be expected to interest themselves in it simply by reason of a congressional committee hearing, courteously granted, as a matter of form, to its advocates.

In order that candidates for election to Congress, next November, may be informed of the widespread desire for the enfranchisement of women, the undersigned committee asks not only suffrage clubs, but all women's clubs, to interrogate candidates of all parties, in their respective districts, as to the candidates' intentions with regard to the joint resolution providing for submitting to the legislatures of the States an amendment to the Constitution of the United States allowing women to vote.

If you care to participate in this effort on a national scale to secure the submission of this sixteenth amendment to the Constitution, will

you bring the matter to the attention of your club at the first appropriate opportunity? Or, if your club excludes from its work all effort to promote legislation, will you not, simply as a citizen, interrogate the candidates for election to Congress in the district in which you live?

In every case, whether favorable, unfavorable, evasive, or not forthcoming, the answer of the candidates should be made public in the newspapers in the district and also forwarded to the undersigned.

Hoping that you will kindly apprise us of whatever action you may take, and wishing that it may be prompt and helpful, we remain,

Yours respectfully,

KATE M. GORDON, *Secretary,*
ANNICE JEFFREY MYERS,
FLORENCE KELLEY,
Committee on Congressional Legislation.

"LET me picture to you some of the habits of the fly, and then we shall see if it is unreasonable to believe that he is an important factor in the spread of disease. Turn about you and see the swarms of flies upon decaying vegetable matter—in the garbage-cans, on the manure-piles, everywhere. Watch the flies swarming upon the filth of the streets, such as sputum and bones and decaying vegetables. Follow him further and see him alighting upon the candy offered for sale by the street venders, and on all the fruit at the stands. And the meats, have you observed how they are carried in open wagons through the streets without protection, covered with flies? Cooking this meat does not change the fact that it is simply nasty.

"And we must go into the shops and homes of the poor, those unfortunates whose houses are not protected by screens to keep out flies. Flies everywhere! In the children's mouths and noses; in the house; out of the house; on the food left there upon the table, which is never cleared; on the food left over, and which the children eat at all times between meals; in the milk pitcher; in the soup; in the molasses.

"This is no idle picture of the dangers from fly infection. We know that their dejecta alone contain millions of bacteria.

"Urge upon every one the screening of houses, and especially of food."—*J. O. Cobb, M.D.*

EDITOR'S MISCELLANY

COMMITTEE ON TUBERCULOSIS

THE last report of the New York City Committee on Tuberculosis is full of evidence of practical work. The cases cared for have numbered 150, out of 208 cases examined, 58 of which were not subjects for the committee. In the disposition of the cases 48 were sent to hospitals, 13 to sanitaria, 2 to convalescent homes, and 47 (32 of whom were children) to the country; 12 were directed to dispensaries, and 6 were compulsorily removed by the health officers as dangerous to their locality.

Better rooms were provided for 20 cases, rooms cleaned in 9, Tenement House Department notified in 2, suitable occupation found for 8, and general relief secured for 85. Careful statistical records are kept, for it is daily more evident that conditions of living and of labor are all-important.

For constructive work the Committee is advancing on the following lines.

On February 23, the Committee on the Prevention of Tuberculosis passed the following resolution:

"*Resolved*, That the Chairman shall appoint a sub-committee to report to this Committee a general scheme for the care of tuberculosis in New York City."

The Chair appointed the following Committee: Dr. Janeway, chairman; Dr. Biggs, Dr. Bryant, Mr. Devine, Mr. Folks, Dr. James, Dr. Knopf, Dr. Thompson, Mr. Cox ex officio.

Three meetings were held by the Committee as a result of which it was decided that an inquiry and report should be made to the General Committee on the following subjects:

1. A general hospital board to be composed of the present Bellevue Board with an addition of representation from the Department of Health.
2. The minimum number of hospital beds required for the next five years, in addition to those now existing.
3. The desirable size and general type of hospitals for the treatment of tuberculosis.
4. The location of such hospitals, having in mind particularly climate, accessibility and cost of transporting supplies.
5. Types of cases to be distributed to hospitals and the method of selection and transfer of these cases.
6. A general plan for the administration and government of municipal dispensaries.

7. The relation of municipal to private dispensaries and of tuberculosis dispensaries to general dispensaries.
8. Size and equipment of dispensaries.
9. The number and location of dispensaries and whether they should be distinct and separate or parts of general dispensaries.
10. Proper organization of a dispensary.
11. Extent, restriction and methods of distribution of special diet.
12. Dispensary districts.
13. Observation of dispensary and hospital cases after discharge.
14. Furnishing of assistance through employment, etc.
15. District nursing.
16. Home care of cases.

The Committee has also from time to time passed the following resolutions:

Resolved, That the transfer of cases of tuberculosis from general hospitals in the city to tuberculosis hospitals should be placed in the control of the Department of Health, and that as a part of such a plan inspectors from said Department should regularly visit these city hospitals to assign their patients to the proper tuberculosis hospitals, and further that the transfer should be effected by the ambulances of the hospitals from which the patients are taken.

Resolved, That the hospital care of all tuberculous cases should as soon as possible be placed under the control of one Department, excepting such cases as require forcible removal and detention, which cases should be cared for by the Department of Health.

Resolved, That whereas it has been shown by the estimates prepared by the Department of Health that there are in the city of New York 51,874 persons having tuberculosis in a recognizable form and whereas, the present number of hospital beds for the care of the tuberculous in this city at present is 2,315;

Resolved, That this Committee calls attention to the urgent and immediate need of additional hospital accommodations for all classes of tuberculous patients.

An article on State Registration by Lizzie M. Cox, of Indiana, gives an excellent history of the movement for registration at home and abroad. She quotes in the beginning Bacon's words: "I hold every man a debtor to his profession from the which, as men of course do seek countenance and profit, so they ought of duty to endeavor themselves, by way of amend, to be a help and ornament thereto."

She closes with this broad outlook: "We must all remember that state registration is not a question that merely affects nurses. It is a part of a movement toward the betterment in general education. It is a part of the movement to elevate women by fitting them for the better performance of their duties. It is a part of the effort to develop the human race and bring it to a nobler type. It is not only a nurses' affair, it is a question of the age, an educational question, a question for woman, for the public, and a part of human advancement."

TRAGIC RESULTS OF ILL FEEDING

As in all human problems, ignorance plays an important role in the great problem of childhood's suffering and misery. The tragedy of the infant's position is its helplessness; not only must he suffer on account of the misfortunes of his parents, but he must suffer from their vices and from their ignorance as well. Nurses, sick visitors, dispensary doctors, and those in charge of babies' hospitals tell pitiful stories of almost incredible ignorance of which babies are the victims. One child was given cabbage by its mother when it was three weeks old; another, seven weeks old, was fed for several days on sausage and bread with pickles! Both died of gastritis, victims of ignorance. In another New York tenement home a baby less than nine weeks old was fed on sardines with vinegar and bread by its mother. Even more pathetic is the case of the baby, barely six weeks old, found by a district nurse in Boston in the family clothes-basket, which formed its cradle, sucking a long strip of salt, greasy bacon and with a bottle containing beer by its side. Though rescued from immediate death, this child will probably never recover wholly from the severe intestinal disorder induced by the ignorance of its mother. Yet it is doubtful whether the beer and bacon were worse for the baby than many of the patent "infant foods" of the cheaper kinds commonly given in good faith to the children of the poor. If medical opinion goes for anything, many of these "foods" are little better than slow poisons. Tennyson's awful charge is still true—

"The spirit of murder works in the very means of life."

Nor is this spirit of murder confined to the concoction of "patent foods" which are in reality patent poisons. The adulteration of milk with formaldehyde and other base adulterants is responsible for a great deal of infant mortality, and its ravages are chiefly confined to the poor. Mr. Nathan Straus, the philanthropist whose pasteurized milk depots have saved many thousands of baby lives during the past twelve years, has not hesitated to call this adulteration by its proper name, child murder.—*John Spargo.*

A NURSE who sends the following report of the new boat of the Boston Floating Hospital says: "Owing largely to Dr. Hastings' article in the April number of THE AMERICAN JOURNAL, I applied at the Boston Floating Hospital. The lecture course is fine and the preparation of milk is exactly what I have felt a need of."

UNIVERSITY OF ILLINOIS LIBRARY

On August 15th the new Floating Hospital, with eighty permanent and one hundred and ten day patients aboard, made its first trip.

Although the barge Clifford has proved a useful old craft for this hospital work, there is no comparison between her and the new boat. The latter is fitted with every convenience for the handling of patients, has an abundance of room and is far better in every way.

The new boat is 171 feet long, with 44 feet beam. The hull is of steel, and the superstructure of wood. The hull is provided with seven water-tight compartments, and the boat is amply supplied with apparatus for use in case of fire. In order that the boat could be put in service this season the self-propelling machinery was not installed, but will be put in by next season. The boilers, however, have been put in for heating purposes. For the remainder of this season the boat will be towed. There are four decks—the main deck, the hospital deck, the out-patients' deck and the pilots' deck. Ventilation, heating, refrigerating apparatus, dining-rooms and other necessities have been provided for. The cost of this new boat, fully equipped, will be about $100,000.

Through the generosity of the people of Boston, nearly one-half of the cost of the new boat has already been subscribed.

Manager G. Loring Briggs, who is practically in charge of the work, made arrangements whereby babies not ill were allowed to take trips on the hospital ship. This was in cases where a mother had a sick child and no means of having anyone to care for the well one while she was caring for the sick one. It has been proven that this is but another means of accomplishing good, for in such a case, where a child may be practically well, the day's outing tends to strengthen the vitality of the child and also save the mother from considerable worry by having all her children under her protection.

Efforts are being made to increase the fund for this work, and when such a time arrives arrangements will be perfected whereby the hospital ship may, at other seasons, be kept in commission until the latter part of October.

The multiplication of bacteria in milk is very rapid. One sample of milk showed 520 bacteria to the cubic centimetre in the pail, as drawn from the cow,—after straining and cooling, these had increased to 3,100; after keeping at a temperature of 50° F. for fourteen hours, to 35,000; after keeping at 80° for fourteen hours, to 420,000.

HOSPITAL AND TRAINING-SCHOOL ITEMS

UNIVERSITY OF THE STATE OF NEW YORK

Nurses' Examination held at New York, Albany, Syracuse and Buffalo, June 19–22, 1906.

Answer all of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted:

ANATOMY

1. Mention the number of bones in the adult skeleton; the number of pairs of ribs.
2. Locate *each* of the following: femur, patella, tibia, fibula.
3. Mention *three* kinds of freely movable joints and give an example of each.
4. Describe the stomach.
5. Name the principal lobes of the brain.

PHYSIOLOGY

6. State an important function of (1) the blood, (2) the kidneys, (3) the liver.
7. Trace the general course of the blood through the body.
8. Name the divisions of the alimentary canal.
9. Describe the action of gastric juice on food.
10. Distinguish between voluntary muscles and involuntary muscles. Give an example of each.

MEDICAL NURSING

1. Give the cause of bedsores. Describe the care that should be taken by the nurse for the prevention of bedsores.
2. Describe the preparation of a room for a case of scarlet fever.
3. State how a room should be disinfected after it has been occupied by a patient suffering from an infectious disease.
4. What would you do if you found a patient asphyxiated by illuminating gas?
5. Under what conditions are nutritive enemata usually ordered? What special care must be taken in order that the desired result may be secured?
6. Describe fully one nonmedicinal method for the reduction of fever.
7. How is pulmonary tuberculosis communicated? Give precautions to prevent its transmission.
8. Mention *two* complications that may arise in typhoid fever that are directly traceable to poor nursing.
9. What measures may a nurse employ for the relief of earache?
10. What are the indications in typhoid fever for the removal of a patient from the tub bath?

GENITO-URINARY NURSING FOR MALE NURSES

1. State the normal amount of urine voided by an adult in 24 hours.
2. Describe the usual method of determining the specific gravity of a fluid. What is the specific gravity of normal urine?

3. Define retention of urine, suppression of urine, incontinence of urine.

4. Tell how a patient should be catheterized. Mention dangers to be avoided in catheterization.

5. Describe the process of irrigating the bladder.

6. How might retention of urine be relieved without the use of the catheter?

7. In caring for a case of gonorrhea what precautions should be taken to prevent the spread of the infection?

8. Mention some of the methods of administering mercury.

9. What symptoms should be watched for in a patient undergoing mercurial treatment?

10. Define epididymitis, balanitis.

OBSTETRIC NURSING FOR FEMALE NURSES

1. Mention the dangers attending the puerperal state.

2. What are the preliminary symptoms of parturition?

3. Mention the injuries that may occur along the parturient canal during labor.

4. Does the management of a normal twin labor differ from that of a single labor? Explain.

5. Why is the early nursing of the child important? What precautions in regard to mother and child should be taken before and after nursing?

6. What changes take place in the uterus during pregnancy?

7. Mention indications of pregnancy other than changes in the uterus.

8. What is (1) sterilized milk, (2) pasteurized milk, (3) peptonized milk, (4) modified milk?

9. What is thrush? State what should be done for this condition.

10. Describe in detail the care of feeding bottles and nipples.

NURSING OF CHILDREN

1. Briefly outline the general care of a child having any contagious or infectious disease.

2. By what media is scarlet fever supposed to be transmitted?

3. What complications may arise in scarlet fever?

4. Mention some things that you consider important in nursing a case of measles.

5. Mention the complications of measles.

6. Why is a sore throat serious in a child? What simple remedies might you use for a child having a sore throat?

7. Mention some of the easiest methods of moving the bowels immediately.

8. When is a hot bath useful in convulsions?

9. Give directions for a bath for a child with convulsions.

10. What should be done when a child shows the first symptoms of a serious illness?

BACTERIOLOGY

1. Why is dust a source of danger in a sick room? How should it be removed?

2. How may clothing and bedding used in the care of a contagious case be handled with safety and disinfected without the use of chemical agents?

3. Why is the sputum from a case of tuberculosis a source of danger and how should it be destroyed?

4. What is the object of sterilization of dressings and surgical instruments before a surgical operation?

5. Describe in simple language what you understand by the germ theory.

6. How do bacteria grow and multiply?

7. What conditions are necessary for the growth of bacteria?

8. State fully where bacteria are most commonly found.

9. How do bacteria get into the human body?

10. How are bacteria eliminated from the human system?

SURGERY

1. Describe the preparation of a patient for a laparotomy.

2. What precautions should be observed in the care of a patient recovering from anesthesia?

3. When giving chloroform what would you do if the patient stopped breathing?

4. Define (1) a simple fracture, (2) a compound fracture, (3) a comminuted fracture. Give first aid in the absence of a physician.

5. Give the symptoms of a concealed or internal hemorrhage.

6. In an emergency how should a burn in the first degree be cared for and what precautions should be observed in doing the dressing?

7. What is pus? State the cause of pus.

8. Describe in detail the preparation of the operator's hands, including in your description the rubber gloves.

9. What is meant by (1) surgical cleanliness, (2) wound infection?

10. How may a private room, *e.g.*, a kitchen in a tenement house, be converted into an aseptic operating room and how may the dressings and the utensils be sterilized?

DIET COOKING

1. What functions does food perform in the body?

2. Mention the chief sources of proteids in our food supply.

3. Why is milk considered the ideal food in fevers? What different means can be used to render it more easily digestible?

4. At what temperature is starch properly cooked?

5. What is the food value of cheese?

6. Mention the objections to a strictly milk diet.

7. State the effect of cooking on fruits.

8. What is the effect of tea on the system?

9. Give the uses of water in the body.

10. What diet is required in (1) Bright's disease, (2) typhoid fever?

MATERIA MEDICA

1. Of what benefit is the study of materia medica to a nurse? How far is a nurse justified in giving drugs?

2. Mention the different ways by which medicines may be introduced into the system.

3. Write out fully the table of (1) apothecaries' weight, (2) dry measure, (3) fluid measure.

4. A drug is marked ♏ x. = gr. $\frac{1}{30}$; how much would you give for a dose of gr. $\frac{1}{20}$?

5. How should a seidlitz powder be prepared and administered?

6. Mention the first symptoms of an overdose of *each* of the following drugs: potassium iodid, strychnin, morphin.

7. How much opium is contained in (1) 3 i. of paregoric, (2) ♏ xx. of laudanum?

8. Mention the different methods of administering castor oil.

9. From what is *each* of the following alkaloids obtained: quinin, atropin, morphin?

10. How much bichlorid of mercury is there in 1 qt. of 1–3000 solution?

THE following letter to Dr. Beahan, of the Canandaigua Hospital, from Dr. Howard J. Rogers, First Assistant Commissioner of Education of New York State, shows the interest that the Education Department is taking in the question of developing the best kind of training-school for the smaller centres. Dr. Rogers says:

"Your school has peculiar advantages for experimentation in the development of the nurse training schools by affiliation with The Thompson Memorial Hospital, the Brigham Hall Hospital for Mental Diseases and the Ontario Bacterialogical Laboratories. In the administration and development of the training schools for nurses we would like to take advantage of the exceptional opportunities presented in Canandaigua. The Thompson Memorial Hospital with its liberal endowment and excellent equipment affords opportunity in experimentation in hospital development free from the relations to the training school and the congested conditions of the larger cities. The relations of the bacterialogical laboratories to the village and county afford an excellent opportunity for determining the equipment, cost of administration and courses that can be maintained outside of the larger teaching institutions. The Brigham Hall Hospital from its high character and relation to private nursing in mental diseases, and the wide experience of its present head, can materially aid in solving the problem of the relation of the general hospital to the special. From our knowledge of these surroundings and our personal acquaintance with the administrative of these various institutions, I venture to urge you to apply to them for affiliated relations before applying elsewhere."

"On the appointment of the new inspector of nurse training schools, we will be glad to bring to her attention the conditions in Canandaigua and to afford you her assistance in the development of this work. In this interest we are writing to Dr. Burrill, Dr. Jewett and Superintendent Winne."

A PROGRAMME of work pursued during the past year by the Alumnæ Association of the Maine General Hospital was read at the Associated Alumnæ meeting and is so suggestive it may prove a helpful model for other societies. The topics considered were as follows:

DECEMBER.—Philanthropic Movements in the United States Awakening and Promoting the Nursing Profession.

1. The first hospitals.
2. The United States Sanitary Commission.

JANUARY.—Subject of December continued.

1. The Red Cross Society.

2. Establishment of Training-Schools in the United States.

FEBRUARY.—Discoveries in Medical and Surgical Science in the Past Century.

1. Anæsthetics.

2. X-Ray and Finsen Light.

MARCH.—Founding and Growth of the Alumnæ Associations of the United States.

APRIL.—The Church in its Relation to the Hospital.

1. Nursing Orders of the Roman Catholic Church.

2. Nursing Orders of the Episcopal Sisters.

3. Deaconesses.

MAY.—Review of Important Events of the Year in the Medical and Nursing World.

JUNE.—Reunion.

SEPTEMBER.—Each member to spend three minutes in entertaining the rest.

OCTOBER.—Recent Methods of Treatment at the Maine General Hospital.

THE Aldermen's Finance Committee, of New York, has reported favorably on the appropriation of $628,000 needed for the erection of a new training-school for nurses at Bellevue Hospital.

GROUND has been broken for a new nurses' home to replace the old one at the City Hospital, Kingston, N. Y., which has been taken for alcoholic cases. The new addition has been donated by Mr. S. D. Coykendall.

THE Children's Hospital of Buffalo is ready to consider affiliations with general hospitals needing this service to round out the training of pupils.

THE Toronto General Hospital and the Hospital for Sick Children have entered into an affiliation for the rounding out of the training in both schools. The pupils of the General will have the experience of the splendidly equipped Children's Hospital under Miss Brent, and the pupils of the Children's will have the broad experience to be gained in the General Hospital under Miss Snively. This is an instance of the far-reaching effect of the New York law.

THE nurses of the Hahnemann Hospital, Chicago, are anticipating the occupancy of their new Home by October 15. The building at 2814 Groveland Avenue, by order of the board of trustees, has been remodeled and put in thorough repair, giving to the nurses modern accommodations. The first story or sub-basement is fitted up with the necessary aparatus and utensils to meet the demands for a thorough course in diatetics and invalid cooking. Private room accommodations for fifty nurses have been provided, also a gymnasium, a music room, and a plot of ground for lawn tennis and out-of-door recreation. The value of the building and grounds thus added to the hospital equipment is approximately fifty thousand dollars.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

OFFICIAL ANNOUNCEMENTS

NEW YORK.—The first informal meeting of the New York State Nurses' Association will be held in Brooklyn, Tuesday, November 20. The morning session will be devoted to discussions on nursing affairs; the afternoon to "The Education and Training of Nurses."

FRIDA HARTMAN, Secretary.

NEW YORK.—The New York County Nurses' Association will hold its sessions during the coming season at the Women's University Club, 17 East Twenty-sixth Street. The first meeting will be Tuesday, October 2, at 8 P.M. The officers for the year are: President, Miss M. M. Russell, 447 West Fifty-ninth Street; vice-president, Miss Knight, 72 East Seventy-seventh Street; recording secretary, Miss F. L. Lurkins, 17 East One Hundred and Eleventh Street; corresponding secretary, Miss K. Spencer, Mt. Sinai Hospital; treasurer, Miss J. Greenthal, 82 East Eighty-first Street.

REGULAR MEETINGS.

SAN FRANCISCO.—The San Francisco County Nurses' Association was addressed at its September meeting by Mrs. L. L. Dunbar, chairman of the nursing section of the California Red Cross Society. Mrs. Dunbar spoke of the affiliation of the San Francisco nurses and the Red Cross Society and emphasized the necessity of organized effort by these two bodies, showing how lack of such a union hampered the work of relief during the recent calamity. Each society then acted independently of the other, and among the large number of people offering their services to the Red Cross very few were graduate nurses. On the other hand, the San Francisco nurses did great and heroic work individually and in groups, but without any recognized leadership, as nearly all the officers and leading members had been burned out and scattered throughout the city and could not be communicated with by the County or State Association.

After much discussion of the subject, the general opinion of the nurses seemed to be that the San Francisco County Association would affiliate with the Red Cross on two conditions—first, that only graduate nurses, approved by the County Association (whether members of the association or not), should be eligible to membership in the Red Cross Society; second, that all affairs of the nurses who were members of the Red Cross should be governed by a Red Cross committee selected from among the nurses of the San Francisco County Association.

It was voted that a committee be appointed to examine thoroughly into the question of affiliation with the Red Cross Society and give a report at the October meeting.

MINNEAPOLIS.—At the annual meeting of the Hennepin County Graduate Nurses' Association Miss Edith P. Rommel, a graduate of the Northwestern Hospital, was unanimously re-elected president of the association, and the other officers were chosen as follows: First vice-president, Miss C. M. Rankeillour, graduate of St. Barnabas Hospital; second vice-president, Miss Lydia Keller, graduate of Asbury Hospital; secretary, Miss Lena Christensen, graduate of city hospital; treasurer, Miss Augusta Crisler, graduate of Boston City Hospital. A rising vote of thanks was given the retiring officers, Miss Cora Smith, Miss Elva Bosworth and Mrs. C. A. Roberts.

The association has 135 active members, and the past year has been the most successful in its history. The treasurer reported a balance of cash on hand of $109.56, which is $68.03 more than last year.

The report of the registrar indicated a very remarkable year. The registry received 1,519 calls for nurses and 867 calls from nurses registering for work, making a total of 2,386 calls during the year and 1,886 more than the previous year. Several hundred calls not recorded could be added for daily inquiry regarding registry prices, nurses, etc. Four hundred and sixty-eight calls were received at night. The greatest number of calls to the registry came during the months of January, April and August. On twenty-one days during the year all the nurses were out, and many times it was impossible to supply the demand for professional nurses in Minneapolis and the calls coming from a distance. The association voted hearty thanks and an increase of salary to Dr. Mead, the registrar. Following the business meeting refreshments were served in the Dutch kitchen.

YONKERS, N. Y.—A regular quarterly meeting of the Graduate Registered Nurses' Association of Westchester County was held on Tuesday afternoon, September 11, at the Nurses' Registry, 238 North Broadway. The meeting was well attended, and after the routine business a musical program was enjoyed and refreshments were served.

SAN FRANCISCO.—The Children's Hospital Alumnæ of San Francisco held its annual meeting on August 23 and elected as president Miss Mary L. Sweeney; first vice-president, Miss Eliza Stevens; secretary and treasurer, Miss Ida Sanderson.

SAN FRANCISCO.—The Nurses' Club-house at San Francisco, instituted through the generous contributions of the nurses throughout the United States at the time of the fire, is now the home of twenty-five nurses and is already self-supporting. It is managed in conjunction with the Central Directory at 4 Steiner Street. This directory has developed into a fine business centre.

STATE MEETINGS

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held in New London, Wednesday, September 5, at 1.30 P.M., Miss R. Inde Albaugh, of Grace Hospital, New Haven, presiding.

Dr. Bradley, of St. James' Church, opened the session with prayer and welcomed the nurses with a few words of tribute to their profession.

After the routine business announcement was made by the president that the Red Cross Society of Connecticut had made the rank of R. N. a requirement for enrollment in its service. Literature describing the purpose and work of the Red Cross and blanks for enrollment were distributed, and this opportunity for service to fellow-men and country clearly shown.

It was voted: To aid the nurses of the District of Columbia in their efforts to obtain State Registration by petitioning the Congressmen from this State to act in their behalf;

To send aid, in such amount as should be deemed advisable by the Executive Committee, to the nurses of San Francisco;

To unite with the associated alumnæ of the United States.

An able paper by Miss Martha J. Wilkinson, of Hartford, on "The Care of the Great Middle Class," setting forth the advantages and disadvantages of various proposed solutions of this problem, was followed by an interesting discussion.

The next meeting will be held in Norwich, Connecticut, in November. The subject will be, "The Value of Externe Work in the Training-School Course."

Several applications for membership in the State Association, also for State Registration, were received

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NEW HAMPSHIRE.—The first quarterly meeting of the Graduate Nurses' Association of New Hampshire was held on September 10, at the Elliot Hospital, Keene. Concord, Manchester, Hanover, Keene and Laconia were represented.

After the routine business was transacted the time was devoted to the consideration of State Registration. Miss Nutter, of Laconia, read a paper on the subject, explaining the meaning and purpose of State Registration, followed by discussion by Miss McCobb, of Keene.

Miss Truesdell, of Concord, presented a paper, "Why does New Hampshire Need State Registration?" This paper was discussed by Mrs. Crosby, of Concord, and Miss Shepard, of Hanover. Miss Chisholm, of Exeter, also contributed a paper on the same subject.

The association voted to become incorporated, and an outline of a bill providing for the legal registration of nurses by the State was presented by the committee on ways and means.

LOUISIANA.—The Louisiana State Nurses' Association held its regular semi-annual meeting in New Orleans on July 24. A goodly number was present, which resulted in an interesting and enthusiastic meeting. Several important issues were discussed and four new members elected.

After the business was completed the members repaired to the residence of the president, Miss C. Fromherz, to participate in one of the favorite pastimes of the beautiful Southland at this season, viz., a "Watermelon Cutting." After several hours of feasting and rejoicing, it is needless to say the nurses dispersed with light hearts and many happy recollections.

MICHIGAN.—The Michigan State Nurses' Association is receiving hearty coöperation from nurses throughout the State with the legislative work in connection with the bill of registration. They are especially grateful to the Wayne County Graduate Nurses' Association for a generous subscription of two hundred dollars to carry on the work, also for the sum of one hundred dollars towards the Michigan fund for the endowment of the Chair in Hospital Economics at Columbia College. This last subscription to the endowment fund raises the amount subscribed by Michigan nurses to nearly five hundred dollars. Michigan urges her sister States to "do likewise."

CALIFORNIA.—At the third annual convention of the California State Nurses' Association held in Los Angeles, August 6, 7 and 8, the following papers were presented and discussed:

"The Relation of the Nursing Profession to Public Charities," Miss Lucy D. Fisher, San Francisco. Discussion led by Miss Theresa Earles McCarthy.

"Nursing Ethics," Miss Helen Kelly, Pasadena. Discussion led by Miss Lyda Anderson, Pasadena.

"The Humanitarian Side of Nursing," Miss Belle Langley, Santa Barbara. Discussion led by Miss Girdlestone, Secretary Associated Charities, Pasadena.

The address of welcome was from Dr. Norman Bridge, and there were also addresses by Mrs. P. C. H. Pahl, president Los Angeles County Nurses' Association; Miss S. Gotea Dozier, San Francisco, president California State Nurses' Association, and Miss M. D. Cunningham, instructor of English, Occidental College.

Officers elected for the year were: President, Mrs. W. H. Pahl, president of Los Angeles County Nurses' Association; first vice-president, Miss Hall, secretary Alameda County Association; second vice-president, Miss Credon, superintendent Alameda Sanatorium, Alameda; secretary, Mrs. W. E. Downing Suisun; treasurer, Union Trust Company of San Francisco; councilors, Dr. Helen P. Criswell, Miss Katherine Brown and Miss Genevieve Cooke, of San Francisco; Miss Katherine Fitch, Oakland; Miss Sara Paulson, Watsonville; Miss M. E. Courier, Sacramento; Miss Helen Barnard, Los Angeles; Miss Margaret Pepoon, San Diego.

PENNSYLVANIA.—The annual meeting and election of officers of the Graduate Nurses' Association of the State of Pennsylvania will be held at Philadelphia on Wednesday, Thursday and Friday, October 17, 18 and 19. The meetings will be held at The Rittenhouse, Twenty-second and Chestnut Streets, where accommodations may be had for visiting nurses and delegates. The first meeting will be an open session, and all friends of the Association are asked to attend. It will be held on Wednesday afternoon at 2.15. The executive sessions will be held on Thursday and Friday. *Membership cards must be presented for admission to these sessions.*

MAUDE W. MILLER, Assistant Secretary.

COLORADO.—The State Board of Nurse Examiners will hold a meeting on October 17, 1906, at which applicants for registration will be examined. Apply to Miss Louie Croft Boyd, Secretary, 125 East Eighteenth Avenue, Denver, Colo.

INDIANA.—The fourth annual meeting of the Indiana State Nurses' Association convened at Indianapolis, September 11 and 12, in the assembly-room of the Marion County Medical Society, with the president, Mrs. Fournier, in the chair.

Rev. Wolff offered prayer, in which were these beautiful words:

"Now I wake me up to work,
I pray the Lord I may not shirk.
If I should die before the night,
I pray the Lord my work's alright."

Miss Prange, president of Indianapolis City Association, gave the address of welcome, which was responded to by Miss Bechtle, of Evansville. Dr. Oliver, in his cordial way, gave an earnest talk upon the qualifications of a nurse, and this brought forth a lively discussion.

The afternoon was given to the reading of the minutes, the reports of the various committees, the completion of unfinished business and the election of officers. The report of Miss Sollers, of Home Hospital, Lafayette, Ind., of the National Convention at Detroit last June, was most enjoyable and profitable to all who heard it.

In the evening a reception was given for the nurses and their friends in the German House.

On Wednesday A.M. there were three excellent papers given, one on "Hourly Nursing," by Miss Weaver, of Fort Wayne; "Pre-Natal Influence," by Miss Menia Tye, of Indianapolis, and "District Nursing," by Miss Lydia Metz, of Evansville.

The Association voted ten dollars to the Associated Alumnæ to purchase stock in the AMERICAN JOURNAL OF NURSING and ten dollars to the Course in Hospital Economics toward maintaining the chair of Nursing.

The officers elected for the coming year were as follows: President, Miss Edna Humphrey, Crawfordsville, Ind.; first vice-president, Miss Mary B. Sollers, Home Hospital, Lafayette, Ind.; second vice-president, Miss Cora M. Birdsell, South Bend, Ind.; secretary, Miss Mae D. Currie, No. 30 The Meridian, Indianapolis, Ind.; treasurer, Miss Anna Rein, No. 902 North Alabama Street, Indianapolis, Ind.

PERSONALS

MISS ELSIE LUND, Augustana Hospital, Chicago, is in Europe with a patient.

TWENTY-FIVE graduates of Augustana Hospital, Chicago, are holding institutional positions.

ETHEL LEVY, Toronto General, has returned to her home in Jamaica, British West Indies.

A CLASS of seventeen nurses was graduated from Augustana Hospital, Chicago, on May 25, 1906.

MRS. FREDERIC TICE, Illinois Training-School, 1896, has just returned from an eight months' trip abroad.

MISS BEDA MUNSON has accepted the position of chief surgical nurse in Augustana Hospital, Chicago.

Claire Avery, class 1906, Toronto General, has gone to Dakota, U. S., where she expects to do private nursing.

Miss Maud Henly, Bellevue, 1885, has been appointed superintendent of St. Peter's Hospital, Charlotte, N. C.

Miss Mary Youngren, Augustana Hospital, Chicago, has recently been appointed visiting nurse at Peoria, Illinois.

Miss Margaret Hume, Illinois Training-School, 1897, is superintendent of nurses at the Woman's Hospital, Chicago.

Sara D. Livingstone, Toronto General, has been appointed lady superintendent, General Hospital, Kenora, Ontario.

Mary C. Graham, Toronto General, has gone to Vancouver, B. C., to take a position in the General Hospital in that city.

Miss M. Helena McMillan, superintendent of nurses of the Presbyterian School, Chicago, is taking a short trip abroad.

Miss Katharine Brown, superintendent of the Children's Hospital, San Francisco, is visiting her family in Philadelphia.

Miss Carrie S. Louer, class of 1889, Illinois Training-School, is superintendent of nurses at the Jewish Hospital, Omaha.

Mrs. Harriet Higbee, class of 1896, Illinois Training-School, is superintendent of nurses at the Omaha General Hospital.

Miss Bates has resigned as superintendent of the Thomas Hospital, San Francisco, and will be succeeded by Miss Evaline McNeilly.

At the annual meeting of the Spanish-American war nurses, held in Boston early in September, Dr. Laura Hughes was elected president.

Miss Frances Shouse has resigned as superintendent of the Lane Hospital, San Francisco, and will be succeeded by Miss Hallie Visher.

Miss Caroline C. Phelps, class of 1885, Illinois Training-School, has returned recently from a trip around the world with her patient, Miss Larned.

Mrs. Allison, née Florence Roberts, who is spending a pleasant holiday with her father in Adolphus Town, spent a short time in Toronto during August.

Mrs. John Phillips, née Margaret Southerland, spent a few days in Toronto during August, before returning to her home in Chicago.

Miss Lydia Anderson succeeds Miss Hay as superintendent of the Pasadena Hospital, California. Miss Anderson has been the assistant superintendent for several years.

During the month of August a number of nurses returned to San Francisco and all are now very busy. So many of the large hospitals were destroyed that those remaining have been filled to overflowing and special nurses have been in demand.

Miss Rachel Elizabeth Bidmead, graduate of the Paterson (N. J.) General Hospital, has been appointed superintendent of her own training-school, beginning her duties on September 1.

Winnifred Brereton has been appointed lady superintendent, General Hospital, Dauphin, Man., in place of Miss Hyde, resigned. Miss Hyde is now spending a few months in Ireland.

Miss Bertha Hartig, who has occupied the position of head nurse at St. Luke's Hospital, Cedar Rapids, Iowa, for the past year and a half, has given up the work to take an extended vacation.

Miss Francis M. Quaife, formerly superintendent of the Toronto Infirmary, New Orleans, La., has returned to her home and will be glad to see any of her friends at No. 15 Randolph Place, Orange, N. J.

Miss Margaret E. Stanley, late of the North Adams Hospital, Massachusetts, has been appointed lady superintendent and principal of the training-school of the Victoria Hospital at London, Ont.

Miss Alice Balfour, a graduate of the Boston Insane Hospital and of the Boston City Hospital Training-School for Nurses, has been appointed superintendent of nurses at the Butler Hospital, Providence, R. I.

Nellie McHoull, Toronto General, has been appointed assistant in the Marion Sims Hospital, Chicago, Ill. Miss McHoull will spend a month in post-graduate work, in Toronto General, before entering upon her duties in Chicago.

Miss Annie Damer will give up her work in connection with the outdoor tuberculosis work of Bellevue Hospital, New York, on October 1, and take charge of the farm and convalescent home recently given to the Nurses' Settlement. Her address will be Echo Hill Farm, Yorktown Heights, N. Y.

Miss Phœbe Brown, a graduate of the first class of the Illinois Training-School, the first president of its alumnæ association, and a charter member of the Associated Alumnæ, is leaving Chicago to reside in Duluth. She was made a life member of the alumnæ association at the September meeting.

During the recent G. A. R. encampment at Minneapolis, members of the Hennepin County Graduate Nurses' Association assisted the physicians of the city in the emergency hospitals, under the supervision of their president, Miss Edith Rommel. Miss Rommel gave a reception, during that week, for the visiting army nurses.

Miss Clara L. Shackford, a graduate of the Hospital of the University of Pennsylvania Training-School for Nurses, late superintendent of the Germantown Hospital, Philadelphia, has accepted a similar position in the John Sealy Hospital, Galveston, Texas.

Miss Elizabeth Gordon has placed her resignation in the hands of the chairman of the governing board of the Kingston Hospital, Ontario, to be acted upon as the management thinks best. The question of reverting to the former system of having a medical superintendent is to be considered, and Miss Gordon wishes to allow a free discussion of the proposed changes.

Eva Thorpe, Toronto General, has gone to her home in Sharon for a prolonged rest. Miss Thorpe has been in charge of the operating-room in Toronto General for nearly two years. Jean McTavish, also of the same class, holds this position pending Miss Thorpe's return.

Miss Mary E. Pierson, superintendent of the Training-School of the General Hospital of Camagüey, Cuba, spent the month of August with friends in the United States. She sailed on August 29 for Cuba, feeling that her place was at her post of duty in the face of the threatened insurrection.

The pupils of the Homœopathic Hospital of Buffalo are being given a short course in kindergarten methods as part of the curriculum for the third year, under the supervision of Miss Lois Sedgwick Palmer. The object of this study is to help nurses to enter into a sympathetic relationship with children, that in caring for them the mental as well as the physical needs of children may be understood.

Miss Annie Damer has very kindly consented to speak on the anti-tuberculosis question at the afternoon session of the opening day, "Nurses' Day," of the New Jersey State Anti-Tuberculosis Association, Friday, October 12. She comes at some personal inconvenience to herself, which makes those in charge of the exhibit the more grateful to her and hopeful that a large number of nurses will take advantage of such an educational opportunity. Two other speakers are expected for morning and evening.

Miss Minnie Armstrong, assistant superintendent of the Jackson Sanatorium, Dansville, N. Y., has resigned her position and after a rest will take up private nursing in New York. She will be succeeded by Miss Adele M. Swain, graduate of the Erie County Hospital, Buffalo, N. Y.

The British Medical Association met in Toronto from August 21 to 25. Miss Snively entertained two of the delegates, Dr. McPhee, of Iowa, and Dr. Ada Brown, of London, England. The Association was entertained by the trustees of the Toronto General Hospital on Wednesday, the 22d. Owing to the heavy rain which inopportunely obscured the view of the beautifully ordered grounds of the hospital, the Garden Party was transferred to the Nurses' Residence. The band of the Royal Grenadiers rendered a well-chosen programme. The tea-table was arranged with flowers and ferns and the refreshments were dispensed by the nurses. Among those receiving were his Worship the Mayor and Mrs. Coatsworth, Miss Snively, Mrs. P. C. Larkin, and other members of the Board. About 350 persons were present.

MARRIAGES

In Baltimore, July 18, 1906, Miss Nancy Kinniery, University of Maryland Alumnæ, to Dr. J. Howard Iglehart, of Baltimore.

At New Orleans, La., on Wednesday, July 25, 1906, at Christ's Church Chapel, by Rev. Dr. Wells, Miss Katie R. Walker to Mr. Duncan P. Allen. Mrs. Allen is a graduate of Touro Infirmary Training-School for Nurses, class of 1903. Mr. and Mrs. Allen will make their future home in Port Arthur, Texas.

At her home in Baltimore, August 7, Miss Leonore G. Doyle, Class 1906 of the University of Maryland Training-School, to Dr. W. W. White, of Baltimore.

At Ithaca, N. Y., August 29, Lillian Mabel Moore, graduate Rochester City Hospital, to Julius F. Brauner, Jr. Mr. and Mrs. Brauner will make their home in Nashville, Tenn.

At Baltimore, June 6, Etta L. Rangle, graduate St. Joseph's Hospital, to Dr. Louis B. Henkel, of Annapolis, Md.

At Red Bank, N. J., June 28, Mary Truex (Massachusetts State Hospital), to Dr. Harry P. Robinson. Dr. and Mrs. Robinson will make their home in Amesbury, Mass.

Miss Alice E. Dillon, class of 1902, Hahnemann Hospital, Chicago, to Mr. W. B. Overson, June 20.

Miss Gena B. Hull, Illinois Training-School, class of 1904, was married on August 18 to Dr. Alvin Stober. They will reside in Chicago.

Early in August, Miss Grace Bellows, of St. Joseph's Training-School, Chicago, was married to Dr. R. H. Herdst. They will live in Chicago.

At Denver, Col., September 4, Miss Florence Dillingham, Colorado Training-School, to Dr. Edward W. Adamson. Dr. and Mrs. Adamson will make their home in Douglas, Arizona.

In Denver, Col., September 4, Mrs. Amanda C. Pardin, Colorado Training-School, to Mr. Herbert Grossman. Mr. and Mrs. Grossman will live in Denver.

At Lloydminster, Sask., on August 20, May E. Noble, graduate of Marion Sims Hospital, Chicago, 1902, to Dr. Ner D. Steele. Dr. and Mrs. Steele will make their home in Ranfurly, Alberta.

BIRTHS

To Dr. and Mrs. C. Vilas Martin, a son, May 23. Mrs. Martin was Miss Margaret Forrest, class of 1902, Hahnemann Hospital, Chicago.

To Dr. and Mrs. Albert M. Markle, a daughter, August 23. Mrs. Markle was formerly Miss Martha Jones, class of 1902, Hahnemann Hospital, Chicago.

OBITUARY

In Soochow, China, July 1, Miss Agnes Innis, graduate 1903 of the Massachusetts State Hospital Training-School. In the performance of her duty Miss Innis received injuries which made an operation necessary. After a long and

painful illness, she succumbed to septic poisoning. Quoting from the report of the missionary surgeon under whom Miss Innis worked: "She was talented, efficient and faithful in all she did. She held the confidence and affection of every one in a marked degree."

The German Hospital Nurses' Alumnæ of Brooklyn, N. Y., announce the death of Miss Marie Brobeck, a greatly-beloved member of the association.

Died.—In Danbury, Conn., August 27, 1906, Miss Bertha Gilbert Russell, graduate of the Bridgeport Hospital Training-School, class of 1901, and late superintendent of Englewood Hospital, Englewood, New Jersey.

At the Toledo Hospital, Toledo, Ohio, on August 8, Miss Emma Theurakauff. Miss Theurakauff was a member of the class of '03 and her death followed an operation for appendicitis.

American Journal of Nursing:

A number of nurses are doing *relief work* in San Francisco, and will continue to do so throughout the winter. The Treasurer of the Spanish American War Nurses will receive contributions for above during next few weeks. Send contributions to

Rebecca Jackson,
Box 25, Overbrook, Pa.

Grand Rapids, Mich., is to have nurses in the public schools. The work of the school nurses will be carried on under the direction of the District Nurses' Association. For each nurse devoting her time to this work the Board of Education will pay the association $10 per week. The association will furnish a head nurse. Each nurse will be given a badge and the authority of a truant officer and will be expected to help the truant officer in securing the attendance of youngsters who like to skip school. The school board will furnish an inexpensive outfit for each school, as well as a small room wherever possible. The school nurses are to work in the schools during school hours and in the homes at other times. They are to detect and prevent contagious and infectious diseases, give immediate attention to minor illness, look after cases of uncleanliness, give instruction to parents in the care of children, recommend medical attendance when necessary, report unsanitary conditions in and around school buildings.

The Board of Health is still debating the question of medical inspection in the schools, but the action of the Board of Education in arranging for nurses will probably bring a decision in regard to medical inspection.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON GENERAL FOR TWO MONTHS ENDING SEPTEMBER 18, 1906

BAUER, MRS. CHRISTIANA M., appointed chief nurse at the Military Hospital, Zamboanga, P. I.

BEIDLER, CORA A., formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

BOLINER, OLIVE H., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAEFNER, EMMA, transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

HALL, MRS. MARY B., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAMMETT, ANNIE M., transferred from Camp Keithley, Mindanao, to Fort William McKinley, Rizal, P. I.

HANSON, BERENICE E., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

JAMES, AGNES F., transferred from the Base Hospital, Iloilo, to Camp Keithley, P. I.

KALLEM, HANNAH A., ex-army nurse, reappointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of City and County Hospital, St. Paul, Minn., 1894.

KEOGH, MARY EMMA, appointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of the Homeopathic Hospital, Pittsburg, Pa., 1904; served after graduation as assistant superintendent and superintendent of nurses at that hospital.

LINDLEY, LAURA L., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

MCCORMICK, ELIZABETH F., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MARKER, IDA MAUDE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MOORE, NELLE, transferred from Camp Keithley to Division Hospital, Manila, P. I.

PICKEL, HELEN M., transferred from Benicia Barracks, California, to the General Hospital, Fort Bayard, New Mexico.

REID, ELIZABETH D., appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal. Graduate of Oil City Hospital, Pa., 1905.

RICHMOND, EDITH L., returned to Zamboanga from detached duty at Jolo, P. I.

SANDERS, MINERVA A., appointed and assigned to duty at the General Hospital, Presidio of San Francisco. Graduate of German Hospital, San Francisco, 1906.

SHAW, EDITH MAY, returned to Zamboanga from detached duty at Jolo, P. I.

WILLIAMS, ETHEL EDNA, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HEFFERNAN, JOSEPHINE R., graduate of St. Joseph's Hospital, Reading, Pa., 1906, appointed to date September 18, and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

MEUSER, GRETTA B., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

MOORE, MARGARET, recently arrived in the Philippines Division, reported at the Division Hospital, Manila, awaiting assignment.

RIEDY, JOSEPHINE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed September 4.

SEXTON, KATHERINE V., transferred from the German Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed September 4.

SHEA, ANNIE M., transferred from the Base Hospital, Iloilo, to the Division Hospital, Manila, P. I.

SMITH, CATHARINE, recently arrived in the Philippines Division, reported at the Division Hospital, Manila, awaiting assignment.

TIMME, MINNA C., graduate of Long Island Hospital Training-School, Boston Harbor, 1904, with a post-graduate course in the General Memorial Hospital, New York City; appointed to date September 15, and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

OFFICIAL DIRECTORY

THE AMERICAN JOURNAL OF NURSING COMPANY.

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Secretary, Miss Jane A. Delano, Bellevue Hospital, New York.

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President, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.
Secretary, Miss G. M. Nevins, The Garfield Memorial Hospital, Washington, D. C.
Annual Meeting to be held in Philadelphia in May, 1907.

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Secretary, Miss Nellie M. Casey, 814 South Tenth Street, Philadelphia, Penn.
Annual meeting, 1907, Richmond, Va.

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ISTHMIAN CANAL NURSING SERVICE.

Miss M. Eugenie Hibbard, Ancon Hospital, Ancon, Panama.

INTER-STATE SECRETARY

Miss Sarah E. Sly, Birmingham, Mich.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | NOVEMBER, 1906 | NO. 2

EDITORIAL COMMENT

NURSING EDUCATION: THE TEACHING RESPONSIBILITY OF THE HOSPITAL

SUPPOSING the hospital to have supplied ample living accommodations for the nurses and a sufficient number of pupils in the school, under trained heads of departments, for ample care of the patients in the ward, we come to the question as to how far the hospital management is responsible for the theoretical teaching of subjects which do not bear directly upon the practical care of the patients in the institution. In the past, more particularly in the early days of training-schools, hospitals have not assumed great responsibility, feeling that when the pupils had been given the practical experience in the wards, with the few and often-times disconnected lectures by members of the medical staff, given gratuitously, that its responsibility, from the educational standpoint, had been discharged. But we are leaving those days and conditions behind us and there has been a general awakening, first of all, by the nurses themselves, by the authorities of leading schools and by the members of the medical profession, of a broader responsibility to the nurse in training, for a more complete theoretical education, by which, through demonstrations and laboratory work, she shall be fitted for a more intelligent care of patients outside of hospital conditions.

The examinations, which are now being held in a number of states, are proving to be a very important and definite guide upon which to base improved methods of training. We find, for instance, in considering the last examination in New York, of which the questions were published in our last issue, that in the subjects purely practical, the nurses from the great majority of the schools, were well grounded.

In operating-room procedure they ranked first in proficiency. In the care of tuberculosis patients, they show careful instruction. In fever nursing and in all the line of cases which are most commonly met in hospitals, they were well grounded, but in the subjects more purely theoretical, or which cannot be taught clinically in the hospital, with few exceptions, they were weak, the failures coming, in the majority of cases, in the subjects of diet cooking, materia medica, the diseases of children, and obstetrics. That representatives from a dozen or more schools would be weak on practically the same lines is conclusive evidence, we think, that the instruction on those subjects in the schools is not yet what it should be, and forms a definite basis upon which the schools are to work in improving their curricula.

In the first outline of subjects required by the Regents for the registration of training-schools, three years ago, materia medica and diet cooking were among the requirements. Bacteriology was not added until January, 1906, and yet the pupils showed in this examination a better preparation in bacteriology and its practical relationship to surgery, tuberculosis, typhoid fever, etc., than they did in diet work and materia medica.

We do not for a moment advance the idea that the theoretical instruction is of more importance than the practical. If the hospital can do only the one thing, it is of vastly more importance that its pupils should be thoroughly grounded in the simple, practical details of the care of the patient, than that they should be able to pass a difficult examination in bacteriology or be proficient in the spelling of purely scientific, technical terms, but the deficiency in diet work is really a very serious one and the lack of practical knowledge which seems to have been shown in many of the papers on materia medica, is really surprisingly deplorable, when we consider the extent to which nurses must, in both hospital and private work, prepare the patients' food, and handle dangerous drugs, and frequently be expected to intelligently administer them, in the absence of a physician. There is no question, in our opinion, but that the schools will profit immediately by the failure of their pupils to pass satisfactorily in these subjects and that each examination will find the applicants better prepared. This is exactly the result which state registration is expected to produce, and the situation, rather than being a discouraging one, is most encouraging.

Now we come to the question, to what extent shall the hospital management be called upon to use its funds for the purely theoretical and scientific preparation of the pupil for the broader field of

private nursing. We endorse Dr. Hurd's recommendation that training-schools for nurses should be endowed, that they should be classed with the higher educational institutions and not with commercial enterprises. As we said last month, the endowment of nurses' homes, in connection with the hospital, is now quite universal and it is only a step further to the establishment of special funds to meet the teaching requirements of the school—special apparatus for demonstrations, paid teachers to teach nursing in all of its branches, both in the ward and by theory, paid specialists for the diet department, with opportunity for actual practical work, paid instructors for those subjects strictly medical, the teaching of which should be kept within the province of the medical profession.

Already we have some illustrations of this plan of instruction, in such schools as the Johns Hopkins, in Baltimore, the Presbyterian, the New York, and the New York City hospitals, the Massachusetts General, in Boston, and others. These institutions are large, are richly endowed and have borne the expense of the development of the schools along those lines, feeling that the better service secured for the hospital is an equivalent for the additional financial outlay, but at the same time appreciating the responsibility of the hospital to the public, as a teaching center for that class of workers who have become so necessary to the public welfare.

The endowment of the training-schools of large hospitals, where friends and influence are easily secured, is comparatively simple. The difficulty and the greater burden is with the smaller schools, which are equally important to the public, but which find greater difficulties in securing funds for maintenance. Our recommendation to the small schools is for closer affiliations and a union of forces for the strictly theoretical or scientific side of the nurse's education. We find, in the smaller cities, where there are two or three struggling hospitals, a spirit of antagonism almost always existing between the managers and officers of the institutions. Friendly rivalry is much to be desired, but antagonistic rivalry is a great detriment to the best welfare and development of the hospitals and to the public. We find too often this rivalry especially marked between the superintendents of the training-schools in these smaller cities, a condition unpardonable, unprofessional, and absolutely detrimental to the development of nursing progress. We would say that our first reform in training-school work must begin with members of the nursing profession holding positions at the heads of schools, and that until these women get into a closer and more friendly per-

sonal relationship, and are willing to work together for the best interests of all nurses, as well as for the nurses under their care, that little can be expected from their boards of managers, or from the public, in the way of coöperation. The superintendent of a hospital creates the atmosphere of the institution. This is particularly so in a small institution, where this officer is a nurse. She may be ever so much in the background, practically unknown to the public, but she controls the spirit of the administration by her own attitude and influence with her board.

The education of the public to a greater knowledge of the needs of training-schools and the necessity for the endowment, must be accomplished principally by the women holding hospital positions. There will be coöperation from individual men and women interested in hospitals and nurses, but only through the great nursing body will this knowledge be broadly distributed.

We do not mean to give the impression that hospitals that are now conducting training-schools shall be in any way relieved of their present responsibility, but rather to endorse Dr. Hurd's plan of seeking to lighten the burden of the hospital and at the same time broaden its educational scope by securing special endowments to be used exclusively for the professional side of the nurse's education.

APPRECIATION

THERE are times in the lives of all of us when we feel greatly discouraged over the failings of our fellow-mortals. The hospital superintendent, who has been straining every nerve to provide the best advantages for her pupil nurses, finds them accepting all these complacently as their due and they sometimes have an air of almost conferring a favor on the school by being in it; surgical and obstetrical nurses, after making everything sterile that a trained conscience can suggest, find their patients referring to their efforts as "a great fuss" and alluding to the "good old times" when people could die of appendicitis without knowing what ailed them, or have babies and puerperal fever together without much trouble. Alumnæ workers are disheartened by the fact that all work and responsibility must be borne by the willing few, while others, equally able, if they but thought so, look on and criticise. There are days when the JOURNAL editors reach the conclusion that they must henceforth write all the articles themselves, and invent all the items.

At such times of depression, we need to follow the advice given by a four-year-old boy to his two-year-old brother, "We must have patience in this world, Charles." Probably the most wholesome remedy is to turn an eagle eye upon our inner selves and to inquire whether we have always been appreciative of our blessings and earnest in coöperating with other workers. Possibly, if we now possess some degree of thankfulness and earnestness, we have acquired these qualities through long experience and after many failures. Who is not covered with confusion as she remembers "benefits forgot" and opportunities neglected? When the pupil nurses graduate and go off on paths of their own, they will appreciate what was done for them, if they do not do so now. Browning's *Luria* says:

> " If we could wait ! The only fault's with time ;
> All men become good creatures : but so slow ! "

As an illustration of how appreciation is developed by circumstances, let me quote from a nurse whose duties call her into country homes where there are no conveniences, or into untidy houses where to eat seems impossible. "When one thinks of the many, many things to be done every day by the nurse, with no direct bearing on the patient, it does seem that a hospital case once more would be perfect bliss"; and again, "Many times I have planned to stay away from the kitchen while the meal is being prepared because I know if I do not I cannot eat. The regularity and simplicity of a training-school meal would seem a wonderful treat. At one place I lived on boiled eggs, hickory-nuts and apples; anything that had been opened in that house, I had no use for." This nurse was probably grateful for her blessings at the time of her training, as far as in her lay, but it requires experience to ripen true appreciation in us all.

It will not do to give up ourselves or our fellow-beings in despair; to indulge in self-pity is the most harmful of occupations. Let us take Emerson's advice:

> "Every man takes care that his neighbor shall not cheat him. But a day comes when he begins to care that he does not cheat his neighbor; then all goes well. He has changed his market-cart into a chariot of the sun."

FREE TO ALL NURSES

The announcement was made in these pages some months ago of the endowment of a room in the Presbyterian Hospital in New York for the use of sick nurses. This very liberal gift to nurses was

made by Mrs. Maurice K. Jessup, in memory of her mother, and is known as the Eliza Dewitt Memorial room. This room is intended to be not only for the use of the graduates of the Presbyterian Hospital, but for any graduate employed by the New York Mission and Tract Society, and any graduate from any reputable training-school in good standing. This is the most liberal gift to nurses that we know of, and we think it is not perhaps generally known that it is free to all nurses. Of course the applicants for its use who are strangers to the hospital authorities must furnish satisfactory evidence of their eligibility.

We have recently received a letter of inquiry from one of our subscribers, asking what it is customary for hospitals to do in regard to the care of their graduates. We do not think there is any fixed rule governing the hospitals. We know of some who make it a practise to give a liberal reduction in private rooms, and who give private-room care to their graduates free of charge, when they know the nurses are unable to meet the cost of a long sickness. We know of others who give free care only in the wards. We have never heard of a hospital which refused to care for its graduates, if they were not able to pay. The custom is becoming quite general, particularly in the larger centers, for the almunæ associations to endow a room for their sick members in the hospital, and many of those associations now have sick-benefit funds which are available to any of their members.

A BADGE FOR REGISTERED NURSES

The demand for some distinguishing sign for registered nurses becomes greater every day. There have been a number of suggestions which have not seemed altogether practical. A pin is too easily lost or stolen and such emblems are so universally worn by members of organizations of all kinds, that they no longer attract more than a passing glance. We think some kind of a sleeve band should be adopted to be worn only with the uniform, when the nurse is on duty. The Red Cross insignia cannot be used, but we think the letters "R. N." embroidered in blue or red with the state underneath, might be patented by each state association, and its abuse carefully guarded. It would be quite possible for the associated alumnæ, acting through a committee representing the states, to agree upon an emblem to be used by all of the states, with the addition of "New York," "Virginia," "Indiana," as it might be. We think it is time that some action should be taken by the nurses themselves for the provision of

a distinguishing mark to be universally worn by registered nurses on duty.

Then, if in the development of the Red Cross Society, the nurses enrolled are allowed to use the Red Cross emblem this emblem might be added to the band. The only difficulty that would seem to present itself would be in securing proper protection, but we are quite sure that this is possible if all the states now having registration would work together.

MIDWIFERY CONDITIONS IN NEW YORK

Miss Elizabeth Crowell, a graduate of St. Joseph's Hospital in Chicago, is engaged in making an investigation of midwifery conditions in New York City that will without doubt be an exceedingly important and entirely original contribution to the sum total of data bearing on social and medical problems. There are now between eight and nine hundred midwives practising among the foreign-born sections of the population. They are absolutely unsupervised, and even the Board of Health has had but a cursory and superficial knowledge of their detail work. While it is too soon to forecast Miss Crowell's findings, it is not too soon to say that she is pursuing her investigations with a masterly intelligence and rare thoroughness and expert knowledge. Her report will appear early in the coming year. Miss Crowell is doing this work under the auspices of the New York Association of Neighborhood Workers, and has been residing in the different branches of the Nurses Settlement.

THE PATENT DRUG EVIL

The Counsel of the New York County Medical Society, Mr. Champe Andrews, well known to nurses of the state for his friendly participation in their legislative work, has written a very notable and forceful article in a recent number of the *New York Medical Journal* on the urgent necessity of uniting all existing bodies whose aims relate to public health or individual purity of body or mind, in one grand affiliation to war against the patent drug evil, with its attendant curses of corruption and deception. Mr. Andrews proposes to unite, for instance, such widely-diverse associations as the American Medical Association, Young Men's and Young Women's Christian Associations, Church organizations, Public Health Associations, etc., etc. He has, in fact, taken the first steps toward such a union, and has received encouraging replies from all sides. He aims at a

national association which shall advance irresistibly against the quack medicine trust, which brings so many other evils in its train. We suggest that organized nurses should be included in this army and cordially approve Mr. Andrews' bold and constructive plan.

CATHETERIZATION OF MALE PATIENTS

Periodically this subject comes up for discussion, and though there is nothing new to be said about it, we may occasionally remind ourselves of the conclusions reached by those who have had it to deal with.

Catheterization of a male patient is not a difficult matter or one which requires practise and it is not an essential of a nurse's preparation for her work, for the great majority of nurses will never be called upon to do it. Where occasion does arise, such as a patient in the country with the doctor miles away, and with no other person fit to be trusted to do it properly, the nurse can be shown once, by the attending physician, and she will have no trouble in the procedure later. The occasions in a hospital, where a nurse can be properly taught, arise but seldom, but these should be taken advantage of, In the case of an unconscious man or boy, an attending physician. or a house doctor of good standing, can instruct a pupil nurse in the presence of the head nurse. The plan sometimes suggested of using a catheter for a small boy in order to teach the nurses, is not conducive to good morals in the boy, and these should not be left out of consideration.

Many things that a nurse may do for a man in his own home would be very questionable for her to do for the men in the public wards of a hospital.

No doctor of good principles will leave an order for the use of a catheter by a nurse for a man who is conscious, though ill, and the superintendent of nurses who resents such an order is upholding the moral tone of her school.

A RESIGNATION

We regret to announce the resignation of Miss Marie R. Jammé from our staff of collaborators, because of pressure of other duties. Her place will be filled by Mrs. Alex. Colvin, of 623 Grand Avenue, St. Paul, Minn., President of the Minnesota State Nurses' Association.

CHRISTMAS; NIGHT WORK AND WOMEN

THE Christmas season has begun for thousands of factory girls in New York State. Many weeks before the holidays the factories work "overtime," turning out articles for the Christmas trade. Factory inspectors and others in touch with shop conditions have long been alive to the fact that in these months there is open violation of the New York law and women and young girls are kept working thirteen and fourteen hours in a day.

But no such wholesale estimate of the situation has been gotten together as that embodied in a report of an investigation in New York City, carried on under the College Settlements Association, aided by the Association of Neighborhood Workers, the Consumer's League, the Women's Trade Union League, working girls' clubs and other organizations of a similar sort.

Some of the facts dug up are little short of the sensational in their arraignment of industrial abuses. For example, there is the theatrical dressmaker, who, last January, kept girls at work from eight in the morning until half-past two the next morning, in her shop just off Broadway. The investigator was Miss Mary Van Kleeck, of the College Settlement. To quote three cases from her report, illustrative of many others:

"Paper boxes are an important part of the Christmas trade. In a paper-box factory in New York City a girl operates the cutting machine. To keep one's hands clear of the stroke of the knife requires constant watchfulness, yet no protection is provided. The guard, which was invented to prevent accidents, limits the output by one-half, and the girl would be discharged if she used it. In rush seasons this girl and all the others in the factory (they number three or four hundred) work from 7:45 A.M. until eight at night with a half hour for lunch and no time for supper. On Saturday they stop at 4:30 in order that the cheapest girls (who earn $2.50 a week) may have time to clean the machinery. They frequently work on Sunday, making a total of more than seventy hours in a week. To the question 'Would you be discharged if you refused to work overtime?' the answer was 'Yes'.

"A candy factory works from 7:15 A.M. until 7:45 P.M., with one-half hour for dinner and no time for supper, twelve hours in a day, five days in the week. On Saturday, they work until 6:45 P.M., eleven hours, seventy-one hours in the week.

"In a cigar factory the women work from 7 A.M. until 7 P.M., and on Saturday until 5 P.M. The workers live in the neighborhood. Promptly at twelve they rush from the factory for dinner, returning to work after fifteen minutes or less. They are piece-workers, and they must lose no time or their wages will be very small Their working weeks in the season preceding Christmas are nearly seventy hours long."

While the factories are "speeding up" in every department this autumn, and the fifty factory inspectors are trying to watch 78,000

factories in the State, the Supreme Court of New York in the appellate division is about to decide whether New York State has a right to restrict the hours of women's work in factories. Besides forbidding a working week longer than sixty hours, New York State prohibits the employment of women between the hours of nine at night and six in the morning. If the judges should hold this latter provision unconstitutional, the "bosses" in the factories might legally keep their women employees at work all day and all night, any hours not exceeding sixty in a week. That theatrical dressmaker who, last winter, kept her girls at work for over eighteen consecutive hours would then be within the law.

The courts of several states have given decisions on this subject. Illinois decided that such laws violate freedom of contract. But Massachusetts, Nebraska, Washington, and Oregon, and the Supreme Court of the United States, have declared that freedom of contract is not violated when the state extends legal protection where (by reason of economic inequality) the contract is not free, or where public health and public morals demand legislative restriction. In an article in the October issue of *Charities and The Commons*, Miss Van Kleeck discusses the situation. She says:

"It is not true that factory women are free to contract. When one side can say to the other, 'Work on these terms or lose your job,' 'Work or starve,' the contract is not free.

"If the public demands it, New York State will frame wise laws for the protection of women workers. The decision of the Court will be the foundation. If adverse, it will turn far back the progress of industrial betterment, at the very season of the year when legal protection is most needed."

THE TRAINING OF DISTRICT NURSES

We think the last word has not been spoken by Miss Dock on the subject of the training of visiting nurses, although she expresses views that are held by many of the most able teachers in the profession. If this experience can be given under proper supervision during the last half of the third year for a period of not more than three months we think it may be made exceedingly valuable as a means of developing character and of giving a broader conception of a nurse's life and obligation. If at that period a pupil is incapable of giving acceptable service to the poor she certainly should not be permitted to graduate and with the protection of her diploma impose upon the rich.

The plan is not practicable for all hospitals or in all places but

we believe it may be used to advantage under some conditions where the hospital experience is limited and where abuses can be controlled. We should not lose sight of the fact that the ideal method of training nurses has not yet been discovered and that as a profession nursing is only in its infancy.

PROGRESS OF STATE REGISTRATION

Missouri.—The first report from the state association of Missouri appears in this number, and if our list is correct makes twenty-four states organized, with a law for state registration of nurses already in operation in eight of them. This is a splendid showing for so short a period of time.

We are now making a clubbing offer which will extend through the year of 1907, and it includes so many good "bargains" that we hope all of our readers will tell their friends about it. It benefits old as well as new subscribers. Look in the advertising department of this number for Clubbing Offers for 1907.

A NURSE'S EARTHQUAKE EXPERIENCE

By LUCY B. FISHER
San Francisco, California

I DO not consider that my own experience as a nurse during the first days of our disaster is in any way unique. But the details and the impression which the dramatic scenes made upon me individually will make my story differ from that of others, so I feel somewhat justified in relating mine, as in doing so I am telling the story of nurses who lived in the midst of a drama that caused the entire world to hold up its hands in dismay, and made us who witnessed it, and carried our share of its momentous responsibilities, wonder that so finely an adjusted instrument as the human brain did not snap in some part of its delicate mechanism, while the fearful tension under which it was compelled to work endured.

The first vibration at 5.13 A.M., on the 18th day of April, awoke me. Without conscious volition I jumped from my couch and stood gasping audibly as I was shaken by the long vibrations, which were made more terrible by the vicious twists that set the house creaking and sent bric-a-brac and furniture flying onto the floor. My first conscious thought was to connect the vibrations with Vesuvius, and to relate its horrors to the one our city was at that moment experiencing.

I felt that such a cataclysm meant nothing less than death and that I at that moment stood facing it. I looked it calmly in the face, not through bravery perhaps, but because I was given no alternative. My past life did not come up before me, as drowning people say it does; probably as there was so much activity in my room a reflective mood was not possible. I was vividly conscious of breaking glass and of the swaying chandelier above my head, and obeying the natural instinct of self-preservation I stepped back to avoid the falling globes. I wanted companionship and ran into the hall, where I found my friend who roomed next to me, a young woman who is an adherent of the Home of Truth. I seized her hands and we swayed back and forth together with the rocking and creaking house. My friend repeated over and over again in a trembling and frightened voice one of the affirmations of her cult, "There is nothing to fear; there is nothing to fear." I not being a believer in mental science as it is commonly understood, under the circumstances most naturally differed from her, but only

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expressed my admiration to her for her loyalty towards her belief at this terrifying moment.

After a space of time that seemed minutes rather than forty-eight seconds, the frightful motion stopped, and we were advised by a clear-headed young woman who just then came up the stairs to dress ourselves quickly as more shocks were likely to occur.

Such confusion met my eyes when I opened my door! My beautiful apostle pitcher, an heirloom and one of my most cherished possessions, first attracted my attention. There it lay in fragments on the floor in the midst of chaos—shattered cups and saucers, gas globes, bric-a-brac, overturned books and furniture; the chandelier twisted out of shape and the drop-light hanging in a most despondent attitude from its attachment to my writing desk.

I was keenly conscious of a strong odor of pickles and realized that it came from an overturned pickle-bottle that was probably at that very moment dripping through the shelf of my chiffoniere into my top drawer onto my feather boa. How absurd it seems now that at such a moment, when death had almost touched me, my mind should have reverted to such a trifle as a feather boa and given me the impulse to rescue it from its threatened ruin! I picked my way carefully in my bare feet through the broken glass and china to search for my precious eye-glasses. I found them beneath the overturned dressing table on which I had placed them the night before, and took them out of the conglomerate mass of toilet articles in which they lay, and found them, much to my surprise and gratification, uninjured by their rough treatment.

I dressed quickly and completely, though omitting some of the details of my toilet such as nails and teeth, and went into the hall, where I met one of the nurses who belonged in the house. I asked her to go with me to the home of one of my friends, Miss C., who lived by herself in an apartment a block away and about whom I felt considerable anxiety, as I pictured her alone during the earthquake and even if not injured in need of companionship after such a terrifying experience.

Together we went out into the street and the first sight that met our eyes of the destruction the earthquake had wrought was that of the Sutter Street power-house, which was opposite our home; its roof and the clock that had become as familiar to us as the face of a friend were in ruins. We walked rapidly towards Miss C.'s home and found her in a vacant lot opposite her house, with a friend who had fortunately spent the night with her. This place became very naturally the rendezvous for the neighborhood the first hours of the disaster. Every one I saw

there was clothed and apparently in his right mind and quiet. This quietness of every one surprised me at that hour, and during the succeeding days of terror that followed with the fire. The people were evidently struck dumb with awe and seemed to realize that they were in the clutches of a gigantic power which it would be utterly useless to cry out against or resist.

Other friends of Miss C. also came to inquire after her safety, so while she went to see how her mother and sister were we made coffee in her apartment. The earthquakes were frequent, and even though not very severe there was sufficient uncertainty about their magnitude to reduce the time of the coffee-making to a very small period.

Those who could, drank the coffee; I was one of the number who was too excited to eat or drink. I felt a prescience that more evil was to follow the calamity we had just experienced. I believed that this cataclysm had extended over the entire globe, and had brought terror to millions of people; it seemed if we were in a different world from the one we had known and loved; as if we had been suddenly transported to some new planet and that the old familiar earth upon which we had depended and trusted had cruelly forsaken us, like a friend become disloyal after years of loving intimacy.

With one of the nurses I started down the street to learn the extent of the ruin wrought. On our way we passed a Nurses' Home, where a group of people sat on the doorsteps. One of the company recognized us and called out that most of the nurses had gone to the Mechanics' Pavilion, which had been opened as a hospital for the injured. A lump came into my throat at that significant message. Our duty was so unquestionable that without a word even having passed between us we started toward the Pavilion. We saw that the cars were not running but did not know until later that cables and electric wires and tracks and the power plants had all been so greatly damaged by the earthquake that the entire city was without transportation facilities, and that for many days it was to suffer from this very serious deprivation.

It must have been about half-past six, when we were walking down Polk Street, that our eyes were attracted by the sight of flames shooting high into the air from at least a dozen different points in the heart of the business section of the city. It was a terrifying sight, and we both felt that no fire company could master such a conflagration and that our dear city was doomed. When we reached Larkin Street we saw that blot on our city's escutcheon, the City Hall, in ruins. The Goddess of Liberty still stood with one arm triumphantly uplifted as if defying all of the elemental powers to destroy her, but the greater portion of

the walls of the dome had fallen, leaving the iron frame-work exposed. The rest of this massive structure, that had cost our city seven millions of dollars, and was twenty-five years in process of construction, also bore testimony to the dishonesty connected with it and stood now like a lie exposed.

While hurrying towards our destination we saw more evidences of the power of the earthquake. One house stood with its entire side torn away, which exposed the family to view and all of the bedroom furnishings. We could not help smiling in spite of the tragical aspect of the situation; it looked exactly like the doll-houses of our childhood, only much more animated, as the people were real, with bewildered expressions on their faces, and not just saw-dust dolls.

We found on our approach to the Pavilion that its entrance was surrounded by a cordon which was guarded by a force of policemen. We asked to be passed through the line but were refused until we said we were nurses. Instantly at the mention of the word "nurse" we were directed to the entrance. What a scene that huge building presented as we entered it; a building of such large dimensions that its area covered an entire block! The floor was strewn with mattresses, which were nearly all occupied by patients even at that early hour. Near the entrance to the building, where the patients were received, an improvised surgery had been established; it was surprisingly well equipped under the circumstances and seemed to lack nothing in the way of operating-room tables, dressings, instruments, enamel pans and basins, and even quantities of hot and cold sterilized water. Some days later I learned that most of this outfit had been carried over from the Central Emergency at the City Hall opposite, immediately after the earthquake, when Dr. McGinty, the surgeon on duty that night, had ordered the policemen to open the Pavilion for the new emergency hospital; the rest of the supplies had been appropriated from the surrounding drug-stores.

Patients were being brought in constantly and rapidly moving groups of physicians and uniformed nurses were gathered around the operating-room tables. In the body of the building there was a large number of people waiting on the patients; among this number were not only physicians and nurses, but men and women from other professions —lawyers, ministers, priests, Sisters of Charity, and many more not belonging to any profession. All were hurrying back and forth eagerly trying to help the poor sufferers in the way that seemed to them the best, for supervision in so much confusion was impossible.

My friend and I quickly took off our wraps and asked to be assigned to duty. "Pitch in," was our only order, and we followed it explicitly.

I lost sight of my friend immediately in the confusion and the bigness of the place, but caught glimpses of her later, once with a pillowcase pinned to her waist, in which she was carrying dressings (a plan which I copied as it was a time-saver and consequently a valuable suggestion), and later when the word was passed that appalled us and made all the rest of the morning's experience insignificant in comparison to the new disaster that threatened us.

I saw that at the surgery there were plenty of nurses and decided instantly to work in the body of the building. I feared that in the confusion some of the many critical cases might be overlooked, so I hurried around among the thickly-strewn mattresses with an extra blanket and a hot-water bag or cup of hot coffee for those with feeble pulses and blue lips.

That hot coffee completed my surprise over the adequate hospital equipment. I have since learned that the many gallons of coffee and quantities of milk and bread that were brought in came from hotels in the neighborhood (the St. Nicholas was one) and the restaurants. The mattresses and beds not supplied by the Emergency Hospital came also from the hotels. There were of course dressings to be done and hypodermics to be given for stimulation and anæsthesia. There was great danger in the confusion that the drugs administered would be duplicated, so as a precaution each one who gave a hypodermic injection pinned a tag on to the patient on which was written the quantity of the drug and time when it was given.

Considerable perplexity and delay was caused in losing the location of patients. The arrangement in itself was confusing—mattresses lying without any attempt at regularity all over the floor and constantly being rearranged by kindly-disposed people. I would go off for a basin of sterilized water to do a dressing and come back to the place where I supposed my patient to be and be unable to find him without a great deal of trouble.

Naturally in the eagerness of so many to help there was duplication of work. I recollect receiving the answer from one man to whom I offered coffee that he had already taken three cups.

One of the nurses there had an experience that at the moment when her mind was so absorbed in her work did not seem so humorous as afterwards when she recalled it. She saw a mysterious bundle of blankets that bore some resemblance to the human form and decided to investigate, so she pulled at the blanket and discovered a man beneath. He became exceedingly angry and shouted to her: "I am a great writer; how dare you come near me, you who are only an ordinary



FIG. 1.—The surgery.

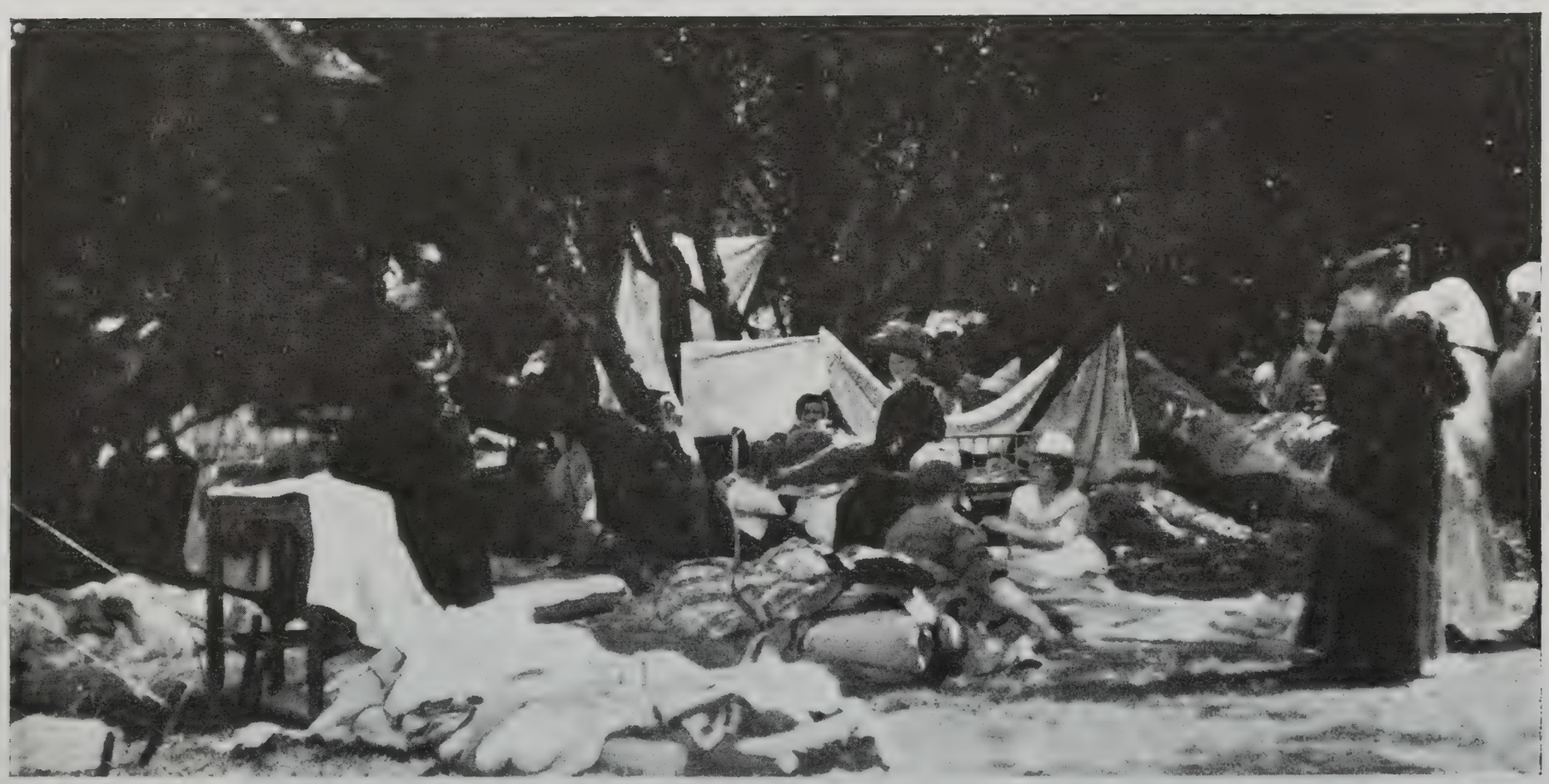


FIG. 2.—Red Cross flags. (Group under trees are making flags and hassocks.)

mortal!" The man of course was deranged. The nurse in relating the story said she could not resist delaying a minute to see if others would repeat her experience, and in a very short space of time a great many people came up in succession and removed the blanket from the man's face, while each time he violently protested.

It was the salvation of our minds that humorous things did happen then, and during the days that followed, for they were but incidents in a drama that we were all a part of and were to us what the fool is to the tragedies of Shakespeare, a moment's respite and relaxation for overwrought emotions.

Among the many heartrending scenes that I witnessed the one that touched me most deeply was a story that in one short sentence told of a grief that made physical injuries seem slight in comparison. I saw a woman weeping and knelt beside her to offer her my assistance. She seized my hand and told me in a broken voice that she had lost her three children. My own overwrought nerves almost gave way when she told me this, and I was compelled to leave the woman to hide from her my distress.

About three weeks later I was asked by the Red Cross to call on a Mrs. H., who had just left the hospital and needed an elastic stocking for her leg that had been burned, and was but recently healed. When I called I found it was the woman whose story had so deeply affected me in the Pavilion. One of her three little girls had been found, but she and her husband were still searching for the other two. The futility of it was impressed upon me when she told me that the earthquake had thrown a building on top of the one she and her family lived in, and had pinioned two of her little girls down in their bed. Her husband was ill at the time, so could be of no help in rescuing the children, and while she alone was trying to extricate them her clothing took fire and she was dragged away by some men who were strangers to her, and rolled down a roof that had fallen near her window; she lost consciousness and knew nothing until she awoke in the Mechanics' Pavilion.

As in a bad dream when out of a confused mass of memories but one or two definite incidents can be recalled, so out of my experience in the Pavilion only a few scenes are pictured clearly in my memory.

One of these pictures is of a group standing around a cot on which lay the unconscious and mangled form of a woman. In the group were physicians and nurses and the injured woman's sister, a Salvation Army lassie. I held the woman's poor crushed leg while the surgeon put on a temporary bandage after deciding that an amputation was necessary. The surgeon told me later in the week that the woman had at the time

I saw her a chance for recovery, but she was moved twice on account of the fire and subsequently died from shock.

Time seems to go much more slowly when it is crowded with events than when the hours pass in comparative uneventfulness. I remember one of the physicians in the Pavilion asking of another the time of day. "Half past eight," was the answer. "Great heavens," the physician exclaimed, "I thought it was at least twelve o'clock."

An earthquake heavy enough to be terrifying occurred in the middle of the morning. A number of people started to run out of the building, but were prevented by policemen at the door and by Dr. Millar, Surgeon-in-Chief of the Central Emergency, who called out, "Stay where you are!" The words were no sooner completed than the shock was over.

It must have been almost noon or a little after when I was making an attempt to systematically pass from one patient to another with a pitcher of coffee and some bread, when my companion came up to me and in a low excited voice said: "The building is on fire; the patients are to be removed as quickly as possible at the rear entrance." I looked around, expecting to see people rushing excitedly about rescuing patients, but evidently few then had been told of the fire, for groups of men were standing about who had undoubtedly come to help but did not know what to do. I went up to the men near me and passed the word on to them in a low voice and directed them to pull the patients on the mattresses to the rear entrance beginning with those nearest the exit, as there was no passage way to drag the further mattresses until those in front were removed. Others passed the word quickly and in an incredibly short space of time every one was at work and the three hundred and fifty-four patients were removed in ambulances and automobiles to the established hospitals. It was the wings of love that helped the hands and feet of the men and women to save those helpless ones who lay so patiently and uncomplainingly upon the floor waiting to be carried out. Not only then but during the entire morning the patients showed marvelous fortitude and complaints and cries of pain were almost unheard.

Dr. McGinty remained in the building until the entire equipment was removed, including not only the surgical supplies but all of the mattresses and bedding. A few people whose imaginations may have been abnormally developed by the reading of dime novels or attending the Central Theatre spread the most sensational reports regarding the fate of the patients. Some said they had been chloroformed, a report attributed to a nurse which on the face of it would appear false to any one who knows the length of time it takes to produce complete anæs-

thesia; others said that the patients had been shot. Surely our calamity was tragical enough without it being necessary to add unnecessary horrors to it by such falsifications!

Dr. James W. Ward, President of the Board of Health, supervised the transferring of the patients and assigned my friend, another nurse and myself to the California Woman's Hospital, and directed us to the automobile that was to carry us there. Paul Revere's Ride might justly be compared to ours but nothing less sensational. I thought to myself, "We have lived through the earthquake and fire, but this is the end surely." We whirled around corners so rapidly we had to clutch on to each other to save ourselves from being thrown out; we sped past other automobiles and just escaped running over numbers of people along the route. The "hell wagons," as they have so often been called, were converted in our disaster to "chariots of mercy." They were the salvation of hundreds of lives and redeemed their reputation so fully that few San Francisco people will ever again tolerate the abuse of these vehicles so popular in the "Lighter Vein" of current periodicals.

The California Women's Hospital attendants said that we were not needed; so we made up our minds to go to Golden Gate Park, where we knew a hospital was to be established. Our automobile had gone, so we were compelled to face that serious problem of transportation, which so emphasized all of the hardships the first weeks of our calamity. That spirit of mutual helpfulness, which was so universal the first two weeks following the earthquake that it made a heaven almost out of what otherwise would have been a hell, had not yet reached this vicinity and it was only after several refusals for a drive to the Park hospital that our request was granted.

Near the Haight Street entrance we found the nucleus of a hospital in the midst of beautiful foliage and sweet-scented shrubbery. I believe it was the trees, the sound of bird-notes at dawn, and the odor of fruit-blossoms that saved us from insanity those terrible nights that we worked there.

We remained about an hour helping in the arrangement of the surgical supplies, and as no patients had arrived decided to return to our rooms and rescue some of our belongings from the fire. We were driven a few blocks and walked the rest of the way to our homes. On our way we saw the beginning of that march of the homeless pilgrims that lasted for days. It was always such a patient, quiet-looking army of dust-covered pilgrims, and when they paused to rest with their burdens by their sides they resembled the pictures of our Pilgrim Fathers which have so often stirred our childish imaginations. A keen student

of human nature might have drawn some clever deductions regarding the characters of these travelers by the things they had selected to save from the fire. The majority of people had saved bedding and trunks but many were regardless evidently of their practical needs. I saw a man carrying a cheap parti-colored plaster-of-paris statuette; another with a banjo, and parrots! I did not know any place but South America had so many of these disagreeable, shrill-voiced creatures; every other person seemed to possess one. A woman was seen carrying her parrot in its accustomed domicile, a large cage, and bearing a cat under her arm. The cat became troublesome and unmanageable, so she reversed the order of things and put the cat in the cage and the parrot on her arm—a change which seemed highly satisfactory to both animals. "This is the limit!" shouted one of the birds as it was being carried through the burning city. One of the absurd pictures was of a man elegantly attired walking out of a Van Ness Avenue home with a bundle of fly-paper under his arm.

When we reached Sutter and Polk Streets we knew that the fire was coming towards Sutter Street from the southern and eastern end of the city. My friend went with me to my room, where I hastily opened my writing-desk and took out a few papers, my very small jewelry possessions, my table silver, and from my closet and bureau some clothes. I put all into a dress-suit case and hand satchel; took my choicest picture from the wall and rolled my tiger rug around it. I wonder now that I did not make a greater effort to save more of my possessions, which were all valuable to me from association, but a curious metamorphosis of character had resulted from the morning's experience; things had lost their value and seemed about as essential just then as if I were preparing to go into the next world; and even with the desire for them still alive expressmen were demanding such exorbitant prices it would have been impossible for me to have engaged one, and if I could have done so where was I to send the things? I am sure my experience was that of hundreds of others. My friend helped me carry my bundles to her room, which was two blocks west of mine.

It must have been almost four o'clock in the afternoon and our bodies began to assert their demands for fuel. It awakened us to the fact that we had not eaten all day, so we went out on a quest for food. We were most fortunate in finding a restaurant on Larkin Street near Post. How the proprietor dared cook I do not know, as the edict had gone forth from Mayor Schmitz and Chief of Police Dinan that no fires were to be lighted either of coal, gas or electricity. The soldiers had not yet been stationed in that neighborhood to enforce the law, which may account for the proprietor's boldness.

There was no way for nurses determining where they were most needed except by personally inquiring at the various hospitals, which meant a great loss of time and much discouragement to many of them who were sent from one hospital to another, until many became so footsore and hungry that thoroughly disheartened they left the city.

Another nurse joined us on Van Ness Avenue, and when we saw a Presidio ambulance coming towards us we hailed it, and asked the driver if nurses were needed at the Presidio hospital? "Yes, indeed," he answered, so we jumped into the ambulance and after our long drive there were told by the head nurse that she had a sufficient number of nurses, but one of us had better stay in case many more patients should arrive. My friend and I did not wish to be separated, so the other nurse offered to remain. It was dark by the time we reached the Presidio and we were invited to remain for the night, but we were too anxious to get back to the Park Hospital to accept the offer. How to get there was the question that again puzzled us. We appealed to an army officer, who settled the matter for us by asking a German who was returning to his home in South San Francisco to drive us to the Park. The man told us on the drive that he had come to the Presidio in search of his son, who had been carried from the Mechanics' Pavilion to a hospital, and that he had finally found him at the Presidio Hospital.

From the hour of the earthquake these quests for lost relatives and friends began. At the Pavilion faces were eagerly scanned by distracted people seeking their lost ones. In the hospitals and camps these searches continued during the days that followed and have not yet ceased, and a few inspired by a love out of which has been born hope, will continue to seek their own until their mortal life is ended. "The cry of Rachael weeping for her children and refused to be comforted because they were not," was the picture at the Pavilion and at the Park Hospital and in the camps that made so many of us who looked upon it feel that words of comfort would be almost a mockery, and that all we could do was to offer a silent sympathy.

The Red Cross Association established an information bureau immediately after the earthquake, where people were requested to leave their names and addresses; at the present time 120,000 names have been recorded. The first weeks of the disaster the bureau was thronged with people who were searching for their relatives and friends, and even at the present time many applications are made for addresses of the lost.

Lights were twinkling from many lanterns among the shrubbery when we arrived at the Park Hospital. Several tents had been erected

and an awning placed in front of one of them which was near the entrance, to serve as the surgery. Beneath the awning stood an operating-table around which a small group of physicians and nurses were gathered. We were passed by the guard at the gate, who recognized us, and we knew beyond the shadow of a doubt as soon as we entered the grounds that this was the place where we belonged.

Never shall I forget that night and the succeeding nights that we worked at the Park! Those nights are as permanently impressed on my memory as if etched by a needle upon the membrane of my brain. We were living in a different world. Old things had passed away, and all things had become new and terrible, and if what scientists say is true, that continuity of life is dependent upon adaptability to environment, we possessed that qualification in a high degree for we continued to live while at the same time wondering how mind and body could endure it all.

As soon as my friend and I had donned our long white smocks, which we had brought with us, our work began. The regular staff of Emergency Hospital nurses were devoting their energies to the work in the surgery and supply-tent. My friend and I worked in the field, with a very few others to help us that first night. Patients were being brought in continually through the night and beds had to be made ready for them, which consisted of mattreses laid upon the ground under the little oak trees.

The glow from the burning city almost turned night into day, and made lanterns unnecessary as the night advanced, except in the supply-tents and the surgery.

We went from one patient to another, doing all in our power to relieve pain with hypodermic injections of morphia and to stimulate with hypodermics of strychnia, hot coffee and hot-water bottles. I tried at first to obtain my orders from Dr. Millar, who was in charge, before giving these injections, but so much delay was caused by looking for him that when I presented the matter to him he said, "Use your own judgment," which I did until the work abated a few hours later.

Back and forth we rushed through the long, long hours of the first three days and nights from the supply-tents to our patients, and from our patients back to the supply-tents. New faculties seemed to awaken to meet the unusual and heavy demands made upon them, and all of the senses became unusually keen. I wondered that I could remember the details of my work so well, while at the same time being compelled to plan continually for changing conditions, and even with so much in my mind, I would catch the odor of apple-blossoms from above my head or sweet-scented broom by my side, and rejoiced in its delightful

Fig. 3.—City Hall.



FIG. 4.—Patients being brought in to hospital.

fragrance as I never had in all my life before, and just before dawn after the hours of horror that first night, a bird from a treetop sang one refrain of such rare sweetness it seemed to me like a message from Paradise; the flowers' fragrance and the bird-note brought, too, the reality of the old earth back to me, which seemed to have passed away, and saved me from what I believed to be possible, madness.

The boom of the dynamite sounded all through the first nights and days and filled my heart with pity, for I thought of the brave soldiers and firemen working so heroically without sleep or rest in that frightful furnace while trying to save our city from complete destruction. I glanced up fearfully now and again at the crimson sky which made day out of night, for it looked as if the fire must be approaching so rapidly that even our camp, though so many miles from the city, was in danger from the flames. A number of firemen were brought in who had received injuries. One of them had a deep gash on his forehead and his hair was matted with blood. After we nurses had cleansed his hair we insisted that he lie down and rest, as he looked so completely worn out. He protested, as he said he must report for duty, but we finally prevailed upon him to obey our orders.

Our eyes were very much irritated the first few days by the constantly falling ashes from the burning city. Our clothing was covered by this symbol of mourning and we literally bore ashes upon our heads. The patients suffered most from this fire-dust. The third night I made the rounds with a couple of medical students, who helped me carry a lantern and the necessary outfit for cleansing the eyes, boracic acid solution and some absorbent cotton, and together we bathed the eyes of the patients. As they were on the ground we had always to kneel to our work and overhanging boughs from the shrubbery sometimes compelled us to stoop very low to reach our patients' eyes.

A full realization came to me then of how thoroughly weary I was. It was not strange, for I had been too excited since the earthquake to relax sufficiently to sleep and had even at the end of the week slept only ten hours during the entire time. One of the nights I tried to sleep in a house near by, where another nurse and myself were offered a room. The house was in darkness, so we lighted a candle to undress by. We had no sooner lighted it than a voice shouted from the outside "Put that light out;" my companion protested, but when I reminded her that it was one of Uncle Sam's men who had the orders to shoot if we disobeyed, she yielded her point very quickly. The sanitary condition of the house was too bad for us to remain there, and besides the thought of dressing at midnight in darkness and walking several blocks alone was

not a pleasant one, so we got up almost immediately and went back to the camp. My last night in the camp, when I was trying to sleep on a cot under the trees, my entire body began to jerk in an absurd and violent manner, and my respirations to come in quick moans and sighs. I was carried by the night nurses into the surgery and the physician gave me a hot medicated drink, which relaxed my jerking members immediately and allowed me to lie quietly until morning. The rain that fell on the days and nights when the greatest number of patients were in the camp made the situation much more serious than it otherwise would have been. Although most of the patients were on cots when it came, to allow them to lie out in the rain in their weakened condition was nothing less than inviting pneumonia to do its destructive work. Every effort was made by the men to put up the tents which had been sent to us by the army, so that in a few hours the weakest patients were under cover, and the others protected in a partial way by awnings. Volunteer workers came in ever-increasing numbers into the camp as the week advanced. Physicians, nurses, medical students and untrained workers composed the large corps of people who wished to help in the camp hospital. The great majority of these volunteers did splendid work, but there was a residue, as there is bound to be in every working body, that was a hindrance rather than a help to the camp life. A part of this residue was composed of unprofessional nurses, and only in rare instances was the woman who said "I know nothing about nursing, but am willing to do what I can," of any assistance whatever.

To pay a fitting tribute to the people who undertook the heavy burden of establishing a camp under such adverse conditions, and who bore the overwhelming responsibility of caring for the large number of patients who were brought into the camp through the days and nights of that first week is, I believe, an impossibility. I know that within my own soul there developed a deeper and greater reverence for human nature in the aggregate as I realized the real divinity of manhood shining forth in deeds of glad self-sacrifice which were manifested in a tireless devotion to the injured; in the performance of tasks that ordinarily might be classed as menial but were done with such an unselfish spirit that the work became glorified.

One of the acts which particularly impressed me was performed by a surgeon who by virtue of his appointment as a member of the regular Emergency Hospital staff took the precedence of all of the volunteers at the surgery. This surgeon recognized quickly that the most interesting place in the camp was the surgery, and that it was attracting a large number of fine professional men who would gladly assume his

duties there, and allow him to undertake the supervision of the commissary department, which even though it was the very antithesis in point of interest to the surgical work and attracted no one to its leadership, bore a very important rôle in the welfare of the entire camp and showed strong evidences that it was being neglected. The place under this physician's supervision was speedily rearranged; crude benches and tables were reconstructed, and the department was kept clean and orderly. I have a picture in my mind now of this surgeon with a pan of saw-dust in his hand sprinkling the earth so as to lay the dust in the space assigned for cooking and eating.

I saw physicians doing carpentering and others putting up tents; there were men and women who stood for hours cooking over a smoky stove unprotected from wind and rain, who made light of the hardships and dressed themselves up gaily in cooks' caps and aprons; others who served the large corps of workers with food who had never before known what it meant to do hard manual labor and were therefore finally prostrated by fatigue from the unaccustomed duties they had so cheerfully assumed. And there was our watchman at the gate, who shouted out to the surgeon through the long hours of the night as soon as he saw the light of an ambulance or an automobile coming up the street with its burden of injured people. I can hear his voice now, grown hoarse from shouting, and recall the night he finally sank down exhausted from his long vigil. It was deeds like these that showed the splendid spirit that dominated the camp.

Among the prejudices that I possessed before this experience which met a speedy death, with a few others equally unjustified, was one that I know is held by many people—the belief that men are unfitted by their nature to make good nurses. Among a number of men nurses in our camp there were three whose work was of such a quality they were accounted the most valued help in the field nursing. Never have I seen women show greater gentleness, more intelligent sympathy, or finer skill as nurses than these young men.

In praising the men I do not mean in any way to disparage the women nurses in the camp, but women nurses in general have earned for themselves such a fine reputation, one takes it perhaps too much as a matter of course that in such an extreme emergency as the one they were called upon to meet, they would surpass all of their previous efforts to care for the suffering dependent upon their ministrations. Early in the week a physician came to me and told me to have Red Cross flags made immediately, which were to be hung on the automobiles and ambulances doing relief work, as without these they would not be

passed through the lines. I seized a red comforter and tore strips of the calico from it which I hastily basted onto a large square of old sheeting and rushed out to the waiting automobile and with the help of another nurse tied it to the machine in as conspicuous a place as possible. These Red Cross symbols of ministry that we hung to the vehicles and bore on our arms were not the only suggestions at that hour of the battle-field; the wounded lying on the ground, and the soldiers that guarded our camp, also helped to bring it to our minds. Up and down through the long, long hours of the nights the sentries slowly paced around the borders of our camp. Through the trees we could see the figures of these guardians of our hospital and catch an occasional gleam from their bayonets and hear the call, "All's well; one o'clock!" passed from one to the other. It was a great comfort to feel this protecting arm of Uncle Sam thrown around us those nights so full of not only real but imaginary terrors. One of my imagined terrors was the wild beasts from the Chutes—tigers, lions, wild cats, elephants, and all of the rest of the "wild animals that I have known," being set loose by the earthquake's work and coming down to devour us after their long fast. I also pictured a famine, as many others did, and remembered choking down a piece of bread that I did not want as it seemed a sin to throw it away with starvation so near. The cry of children's voices made me glance down the street one day, and around a wagon loaded with bread crowded a company of children who in their childish voices with their arms uplifted cried out oh! so plaintively and shrilly, "Bread! Bread! Bread!" Hugo's "Les Miserables" and its tragic scenes came to my mind, but that was only a story and here its drama was being played before my very eyes. Was it only a week I spent in the camp? I asked my friend when I went to her home in Oakland to be cared for after what seemed a lifetime of experience. She assured me that it was only seven days, of twenty-four hours each; but I knew that she was wrong, for every minute was an hour, and every hour a day, and a conversation that I overheard in the camp showed me that other people were as confused about the time as I was. Two men were discussing the day of the week, and both seemed satisfied with the solemn declaration of one that "To-morrow was yesterday and yesterday is to-day."

A WAITER in a certain hotel in Boston was asked every morning by one of the guests: "Well, William, which way is the wind blowing this morning?" "'Deed, ma'am, I do'no. When I leaves my room in de' mawnin' I loses my cicumfrance."

THE NURSING OF DIPHTHERIA

By KATE MATHIESON
Superintendent of Nurses, Riverdale Hospital, Toronto

The first step in the nursing of diphtheria is naturally that of securing isolation. This subject has been so ably presented by Miss Dick in the May number of the Journal that it would be mere repetition to go over the ground again. I can only refer the reader to the paper in question.

With regard to general hygienic measures, it goes without saying that the patient's room should be as bright and sunny as possible and provided with adequate means for ventilation. The regulation of heat should be such as to insure maintenance of a temperature of 68° F. The bodily care of the patient cannot be too carefully considered; also the care of the patient's bed, linen, and room. A liberal supply of disinfectants should always be on hand.

The administration of diphtheria antitoxin ranks first in the treatment of this disease, and it is an admitted fact that it should be administered at an early stage. In preparing the patient, the area for injection should be well washed with warm water and soap, followed by an antiseptic solution. A sterilized syringe and needle are generally provided by antitoxin manufacturers. The needle is inserted in the same manner as a hypodermic needle but more deeply, and the serum injected slowly; the puncture is then sealed with collodion.

Local Treatment.—The throat requires careful attention, and this is most efficiently effected by spraying. Various solutions may be ordered for this purpose. Arrange the bed where the best light is available, adjust the pillows so that the patient will not be required to move his head, place a piece of cotton, about a yard square, underneath his chin, securing it around the neck in order to protect the bed linen, turn his head slightly to one side, placing a pus basin underneath the chin so that the solution may flow into it. Always be absolutely certain that you are spraying the site of membrane. If the membrane appears loose do not attempt to remove it, as it will leave a bleeding surface and the abraded mucous membrane may afford a nidus for reinfection. If spraying produces nausea, as is often the case, swabbing may be resorted to. A swab may be conveniently made by firmly twisting some absorbent cotton around the end of a stick about the size of a lead pencil. The tongue may be depressed by a spoon handle, if a tongue depressor is not available, the swab saturated in the antiseptic

solution and applied to the membrane. In treating the throat the utmost gentleness should be exercised. In severe cases treatment may be ordered every half hour. In this, as in other modes of treatment, the object should be that of avoiding unnecessary effort and saving the patient's strength from the start.

The same care should be exercised in spraying or irrigating the nose; the tendency to hæmorrhage should be constantly borne in mind, also the connection between the nose and ear, and the danger of affecting the aural passages. If hæmorrhage should occur and cannot be checked by cold applications, an astringent solution, often composed of iron and glycerine, or adrenalin chloride, 1–2000, is applied by packing the nares with small pledgets of absorbent cotton saturated with the astringent. These pledgets may be removed with care in about six hours' time.

The mouth, tongue, teeth and lips demand careful attention. A mixture of borax, listerine, and glycerine may be used as a mouth-wash, and a soothing ointment, as zinc oxide, suffices for the lips. Pieces of old soft cotton cloth may be used for handkerchiefs, which must afterwards be burnt. By having regard to these minor matters a nurse can do a great deal to alleviate the discomfort of the patient, particularly in those cases which are marked by purulent discharges, and obstruction of the respiratory passages.

In laryngeal diphtheria, many physicians order steam inhalations, and calomel fumigations, and it may be well to give detailed instructions of carrying these out. A tent may be extemporized by taking two flour-barrel hoops and using of each as much as will be sufficient to make two arches of thirty-three inches' span, and twelve or fourteen inches high. These arches are connected by laths two feet long,—those at the base being about an inch thick, and nailed on the inside of the hoops, while the others, five in number, may be nailed on the outside. Place this skeleton frame over the cot at the patient's head, and cover it with a large sheet, thus providing a little tent. A croup kettle, which may be purchased ready made, can be employed for generating the steam, but the apparatus may be substituted by an ordinary tea-kettle, to the spout of which has been fixed a tube terminating in a funnel. A gas stove, or other heating appliance supports the kettle while the funnel is inserted under the side of the tent cover. An opening should be left near the patient's head for the access of air and the egress of steam. An ounce and a-half of the compound tincture of benzoin is added to a gallon of water, which must be renewed every four hours. The volatilization of this tincture with the steam affords a moist warm atmosphere containing

benzoic and cinnamic acid, which have usually a very beneficial effect in dissolving the membrane and in relieving the stenosis. Great care must be exercised in affording the patient sufficient air, and not raising the temperature too high, and of course in seeing that no accident occurs with the heating apparatus. The inhalation is continued until relief is obtained.

The apparatus for the volatilization of the calomel may consist of a little cylindrical cage, about eight inches high and wide, the top and bottom being made of galvanized tin, connected by a strong wire net, with an opening at the side. The croup kettle is taken away and the frame is placed at the foot of the cot, covered with a sheet forming a tent as before. An opening is left for access of air and the cage is suspended by a hook from the inside of the frame. An ordinary portable gauze spirit lamp, containing methylated spirits, is put inside the cage, placing a small tin containing the calomel (fifteen grains the usual amount) over it. In ordinary cases relief is afforded within twenty-four hours by the use of fumigations every hour, but the treatment may be continued longer. If salivation or diarrhœa supervene, the fumigations must be stopped. The nurse must be in constant attendance to watch the result of the treatment and to guard against accident. Should the foregoing fail in relieving the difficulty of breathing, intubation should be resorted to without delay. But as this is the special province of the physician, his particular directions must be followed.

If poultices are ordered for the relief of enlarged glands they should be made light, and kept hot by covering the poultice with a pad made of two layers of cotton batting, cut the required width, and placed between two folds of cheese cloth, which may be kept in place by a four-tailed bandage. The bandage and pad should always be kept fresh, and the surface where the poultice is applied must be frequently bathed.

The bowels must be kept regular, if necessary by the use of calomel, followed by a saline. The condition of the kidneys should be watched as indicated by the physical characteristics of the urine. This secretion should be tested daily for albumin. If albumin is present the patient should be well purged and the skin kept active.

One of the most important points, to be kept continually in mind, in the nursing of this disease, is the action of the diphtheria toxins on the heart. The most frequent deaths in diphtheria are due to heart failure; even the mildest cases may suddenly develop serious cardiac symptoms; the disease throughout should be regarded as eminently treacherous. Keep the patient in the recumbent position, even when everything points towards convalescence. A slow, weak, soft, or irregu-

lar pulse is a sufficient cause for notifying the physician at once, as are also vomiting and pain in the stomach. This may come in during the second or third week. In such cases medicines by mouth should be discontinued, a counter-irritant may be placed over the pit of the stomach. Heart stimulants, as brandy, strychnine, and digitalin, may be given by hypodermic injection. Elevate the foot of the bed so as to influence gravitation in aid of circulation. The extremities must not be allowed to become cold, the first manifestation of this kind being counteracted by the prompt application of heat. Nourishment should be given by nutritive enemata, as the stomach is not in a condition to absorb, and thus the patient's strength is saved. A good rubbing with olive oil, after the morning bath, has a nutritive effect, and is of value, particularly when the patient is emaciated and the skin dry and harsh.

Paralysis may occur early in the disease, or it may come on during convalescence or later,—paralysis of the soft palate, which gives a nasal character to the voice, and also causes a regurgitation of fluids through the nose. Nutritious diet and absolute rest will do a great deal to remedy this condition. In muscular paralysis, strychnine and massage are of service.

Diet.—During the acute stage when there is difficulty in swallowing, all food must be given in fluid form. Milk, egg-nog, beef essence, nutritious broths, should be given in small quantities and at regular intervals. Encourage the patient to drink plenty of water. Always rinse or wash the mouth after milk or egg-nog are taken, as both these are favorable culture media for bacteria. Where there is paralysis of the muscles of deglutition, food may be given in the form of milk jellies, beef jellies, junkets, custards, gruel, etc., as semi-solids are more easily swallowed than liquids.

If albumin is found in the urine, the diet should consist chiefly of milk.

The nurse will readily learn the form of diet that is most agreeable to the patient and should not urge him to take anything he dislikes; many patients cannot take milk, but will enjoy milk jelly with fruit flavoring, or cocoa. Nourishment should be served in as attractive a form as possible, and the importance of diet should always be borne in mind, particularly during the acute stage or in cases marked by great exhaustion and depression. With convalescence the appetite usually returns and in the absence of complications the diet need not be restricted.

When the patient is found bacteriologically free from diphtheria infection, he must be given a soap-and-water bath, the hair washed,

and succeeding this a bath of bichloride of mercury, 1–5000, and fresh clothing put on, that has not been in the sick-room or in contact with infection, before he may mingle with the public. The room and all infected articles are then thoroughly disinfected.

THE NURSE FROM A PATIENT'S POINT OF VIEW

By E. F. H.

The faculty of warning, comforting and commanding, which Wordsworth ascribed to his Perfect Woman, I believe we ex-patients or patients-to-be like to feel our nurses possessed of, without, perhaps, acknowledging in our well moments that we do. All of us who have been ill and shut in by our own four walls, for weeks, lose for the time being our power to make the best use of that sixth sense (common sense), lose too some self-control, and our point of view does not extend much beyond the thing we want and, like the bad boy of the soap advertisement, we won't be happy till we get it. At this juncture, when we know we are behaving like children, it's really comforting to have the presiding genius of the room, disguised in cool, quiet stripes, come to the bedside and stand looking down with kindly eyes, smiling at our vagaries, a pleasant mouth saying *No,* with just a little shake of the head emphasizing it, and we succumb to the inevitable, usually very gracefully.

It's that innate respect for authority in the hands of those amply fitted to wield it, by special preparation for the work they are engaged in, that makes us acquiesce in their view, no matter where in life we may meet them.

Now what characteristics in a nurse make us respect her authority? Just the same, we might say, that impel our admiration and respect for any one we meet. Yes, but a nurse is a member of a profession, the most splendid a woman can enter, one that should be governed by the highest ideals, and so, perhaps, it is just as well to define at least some of these characteristics.

As a prerequisite, the best of technical training, devotion to her work, pride in it, sincerity, large-mindedness, great sympathy with suffering, which is deepened and broadened by experience rather than dulled by it, and a spirit of cheerfulness and helpfulness which is brought to bear on the smallest household worry and isn't limited to the immediate needs of the patient—from alcohol rubs to rubbing the cook

the right way; it's that spirit of "helping out" which is sometimes more beneficial to the patient than medicine or the most expert training.

Then the mere physical side of things affects to a great degree a patient's pleasure and comfort, and right here let me make a plea for the uniform in its entirety, cap, collar, cuffs, and all! It is so restful, it is so business-like, its freshness and crispness are so soothing to the tired eyes of the patient.

A nurse's step and voice have much of comfort or distress in them. A soft yet firm tread gives the impression of strength and vitality, and a well-modulated voice is a blessing indeed to nerves all a-tangle. A daintily arranged tray clinches a fickle appetite, and an interest in the patient's little personal vanities, arranging wayward locks in the most becoming way, and a feeling for ribbons in nightgowns (I know they are a bore), all these little frivolities bring to the patient a zest for life that a diet of broth and toast for the time being may have dimmed. A sense of humor is most salutary, especially if it be reciprocal. A love of books and the ability to read entertainingly whiles away many a tedious hour.

In this, as in every other profession, a good education back of the training makes everything easier, and it's one of the things all of us Americans are heir to, if we'll only take it.

What I think our training-schools need to-day is not so much a higher standard of technical training (though that can never be too high), but a higher standard applied to the character of applicants, both as to their mental and moral development.

Solomon when he wrote his rhapsody on the Virtuous Woman, even if he didn't know it certainly had the ideal nurse in mind. She looketh well to the ways of her patient, and eateth not the bread of idleness. She openeth her mouth with wisdom and in her tongue is the law of kindness. Strength and honor are her clothing, and indeed she shall rejoice in time to come, for her patients rise up and call her blessed.

EPITAPH in an old English churchyard:

This is the grave of Susan Gray,
Who left this earth on a summer day.
She had two legs and a baddish cough,
But it was her legs that carried her off.

HOURLY NURSING*

By ELENA WEAVER
Graduate Hope Hospital, Fort Wayne, Indiana

My first year's work ended last June, and I feel that it has been a successful one because of the steady growth of the new work in our city, there being about one-third increase during the last half of the year. Financially it was not so successful, but one should not expect a new work of this kind to be so at the beginning. I think one might make a complete failure in the work by having set rules about the charges. We must conform to the people we are caring for. I lump the bills often, making, for instance, a charge of five dollars for twelve visits, if I feel that is all the patient can afford. Physicians do this way and it seems to me the only way for an hourly nurse. I have received calls from all classes of people, the great majority being from those of moderate means. These people seem to be glad to know there is some one to call upon them, and during the last half of the year, about half of my calls came directly from the homes rather than from the physicians, from whom nearly all my calls came during the first six months.

It is important in this work to be centrally located, to be where your calls can receive the proper attention, and to know every physician personally. I have never put a professional card in the daily paper but I am sure it would have helped me at first. However, my professional feeling toward advertising would not allow it.

I always try to be ready when called, and think this one of the secrets of success in the work. You may have to wait for the physician, but never let him wait for you.

In starting the work, get the support of as many physicians as possible and especially of the general practitioner, for they treat the people that need you. I am in a city of about sixty thousand, where there are about fifty thriving practitioners, and my report of last year's work is as follows: I have visited one hundred and twenty patients, and made one thousand, three hundred, and seventy-six calls under twenty-nine different physicians. Of these patients, eighty-five were married women; twenty, unmarried women; six, married men; two, unmarried men; and seven, children. The diseases treated may be classified as follows: 25 neurotic, 14 rheumatic, 5 cerebro-spinal meningitis, 5 abdominal dressings, 3 miscarriages, 3 bowel complications, 2

* A second paper on this subject will be given in our next number.—Ed.

cancer, 2 retention of urine, 1 skin grafting, 1 rectal abscess, 1 asthma, 18 obstetric, 6 Bright's disease, 5 arthritis deformans, 4 operations, 3 diabetes, 2 jaundice, 2 pneumonia, 1 epilepsy, 1 thrombosis, 1 muscular atrophy, 1 bed sore, and about fourteen minor cases.

I can hardly tell what is done while visiting these people, as it is all according to the need, but I do feel that the experience has been very helpful and I hope to make a still better report another year.

THE DISPOSAL OF SPUTA

BY EDITH P. JONES

Late Nurse-in-Charge, Muskoka Cottage Sanatorium, Gravenhurst, Canada

THE handling of secretions from the respiratory organs must, necessarily be not only disagreeable, but dangerous, unless the most rigorous care be exercised. Wherever there is abnormal secretion, there is cause for thoroughness in its destruction.

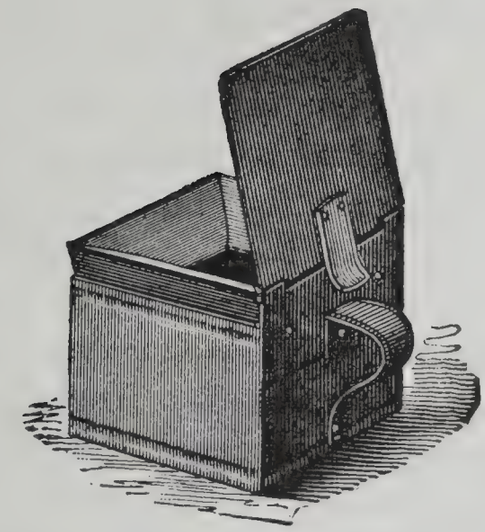
The first important point to note is that sputum must never stand uncovered; the next, that it must never stand until even partly dried. Given, that these precautions are closely observed, the care of the sputum is simplified. For the use of persons who expectorate, though following the ordinary occupations of life, the safest receptacle for sputum is the nickel or glass pocket-flask. Patterns such as the Dettweiler or Knopf may be unobtrusively used by arranging a handkerchief and an elastic band as follows: Place the bottom of the flask in the centre of the handkerchief, gathering the folds around the neck of the flask, and securing with the band. A little practise will make it possible to *appear* to wipe the lips, while in reality expectorating into the flask. To clean, empty contents of flask down sewer, or mix with sawdust, and burn, rinse flask and wash outside with carbolic acid 1-20. Boil the handkerchief. Occasionally boil the flask in solution of soda carbonate first removing the rubber washers, which should be soaked in carbolic acid 1-20. Paper pocket-flasks are clean, convenient, and easily burned, but their greater ultimate cost is against their use.

The open cuspidor in the halls of public buildings, while a most useful article, is often a menace to people who frequent such places. Cuspidors having a spring cover should be provided, on a stand high enough for the average man to stoop over comfortably. This would lessen the danger of the expectorated matter alighting outside the cuspidor, and would also prevent flies and other insects from having

FIG. 1.



FIG. 2.



Metal flasks—Kny-Scheerer Co.

FIG. 3.

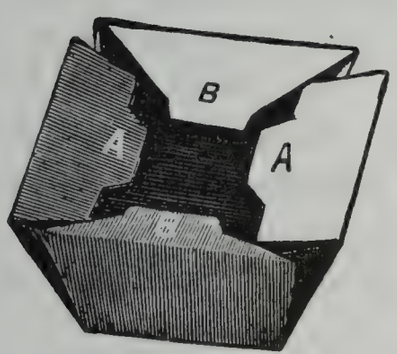


FIG. 4.



Paper flasks—Johnson & Johnson.

access to its dangerous contents. Flies may carry on their feet or wings sputum containing tubercle or other bacilli, and may alight on the meats or vegetables or other foods set out for display in the grocer's window. Or, they may ingest the sputum on the edge of an open cuspidor, and deposit the infected excreta in any place, where it soon becomes "dust."

For hospitals and sanatoria the well-known Seabury and Johnson cup, made of tin or aluminum, and holding a heavy paper lining, is most useful. In removing the inner cup, handle with a wisp of paper, wrap in two thicknesses of paper, tie with string, and place right side up in the bucket for soiled dressings, which are, of course, to be burned. Boil the outer cup or wash with carbolic acid 1-20.

For patients confined to bed the most desirable is the pressed paper cup with cover. The edge of the cup is sharp so that strands of saliva can be cut from the lip. The whole cup is burned. Small pieces of old cotton (preferable to linen), used once must be burned before dry, as also tissue paper handkerchiefs. An ordinary paper bag, used to collect such pieces, may be rolled *from* the bottom as it is filled, to prevent the contents being uncovered, each time the bag is opened. If moisture penetrates through the bag, burn at once.

Do NOT use any of the following: (1) *Open* cups containing a solution of bichloride of mercury or carbolic acid. They can be easily upset, and the contents will readily evaporate or decompose, specially in hot weather or in a dry climate. (2) *Open* cuspidors containing a like solution, on the floor by the bedside. The patient may not lean out of bed far enough to escape soiling bed or floor with sputum. For thick sputum the only sure method of destruction is by fire, as bichloride of mercury or carbolic acid tend simply to coagulate the mucus covering all sputum, thereby preventing any penetration of the disinfectant to the contained bacilli. The person who expectorates can learn to have the tenacious, yellow sputum loosened from sides of mouth before spitting. Also, he can spit carefully so that his flask is not soiled. To dissolve mucus use a solution of salt or soda carbonate. A small covered box of thin sheet-iron, made to hold a paper cup of sputum, can be laid in the fire, and the contents thoroughly destroyed if the box remain red-hot a short time. All instruments used for nose or throat treatments should be boiled.

Discharges from the nose and throat in cases of tuberculosis, post-nasal catarrh, bronchitis, influenza, pneumonia, meningitis and syphilis, must be regarded as highly infectious. Could all these discharges be properly cared for, the diseases which are caused by the organisms they contain would markedly lessen or even entirely disappear.

TRAINING FOR VISITING NURSING

By L. L. DOCK

Visiting nursing among the poor (long called "district nursing," from the former division of the ground covered into arbitrary sections called districts) is rapidly spreading in actual form, and even more rapidly gaining a place in the interests and purposes of nurses as well as of the general public. And yet we have, so far, not arrived at any systematic special training or preparation for this work.*

Many of our superintendents of training-schools are deeply interested in it; some from personal knowledge and others without that personal knowledge. A number of training-schools are trying to interest their pupils in it, some, by sending them out into practice and others by talks and lectures.

All this is good and encouraging, but I hope we are not going to stop long in the stage we are apparently in at present, of supposing that pupil nurses can be prepared for district nursing by a short service in their third year.

If there is any one branch of nursing which should be regarded as a specialty requiring careful postgraduate study and training, it is visiting nursing among the poor. The more I see and hear of a few weeks' experience of this work in the third year the more I am convinced that it is wrong in theory and unsatisfactory in practice, conducive only to a fresh superficiality, of which we have too much already.

I would be glad to present the different points that seem to me important, and hope that in doing so I shall not seem to be criticising persons, for what I wish to do is only to draw attention to conditions.

For the first consideration, how can we logically uphold a course of district nursing for pupil nurses if we oppose undergraduate private duty?

Visiting nursing is essentially private duty. The fact that the patient is poor has nothing to do with the question. There is a private home and family with all its intricacies, a private physician (or at least one not connected with the pupil's training), and private conditions. If it is not right from the standpoint of nursing preparedness to send an undergraduate nurse to the well-to-do it is not right to send her to the poor. The one exception that it seems to me may logically

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* Since this article was written, the Training Home for district nurses has been opened in Boston.

be made to this point, is when a hospital sends its nurses to its own dispensary patients. This may be regarded as an extension of the hospital service and so as properly coming under the care of the training-school, although let it be noted, this form of hospital service may leave the nurse (so far as her special education goes) quite untaught in a vast field of socio-economic knowledge which she ought to have in order to be well equipped for effective district work. For there is often no one to instruct her on these lines. The physicians certainly do not, her superintendent usually cannot, and she can only form her own often-misleading conclusions. Besides, I think there is little doubt that in this extension of hospital work the care of the home, that important part of a district nurse's work, is often quite overlooked and the nurse becomes a satellite of the physician. I think this because I have seen pupil nurses run into their dispensary patients' homes and apply dressings, take temperatures, etc., and run out again, entirely oblivious to everything except the doctor's order. Now this is well enough as far as it goes, but it does not go far enough, from the patients' standpoint, to make that nurse a good visiting—or let us say a good private-duty nurse.

A superintendent not long ago told me a little tale which throws light on this point. She questioned the benefits of this visiting extension, and suggested abolishing it, whereon the medical chief said emphatically: "Impossible! These young men (the medical students) need a nurse at their beck and call day and night." Now this may be very nice for the students, but, truly and seriously it does not make a good nurse. I think if we follow up the reasons of superintendents for sending pupils to visiting duty, we shall find that they are in fact indictments of hospital conditions. The chief ones advanced are, that this experience broadens the nurse, makes her more sympathetic, teaches her to exercise her ingenuity, and to practice economy. It seems to me that all these are reasons, not for sending the pupil out of the hospital, but for improving conditions in the hospital.

If the pupil's character does not broaden and deepen in the hospital; if she can become unsympathetic there, then how trust her, often alone, in the poor little homes where there is so much to make allowances for? And as for practicing economy, the extravagance of our hospitals does not promise well for the care of the patient's few sheets and scanty appliances.

The real question is, "What best fits the nurse to serve the patient?" The hospital is the place to train the nurse in nursing. If it teaches her extravagance, indifference to her patients as human beings, and does not broaden her character, it is not doing right by her.

Of course the ingenuity of getting along with little cannot well be taught in hospital, but it is certainly wrong if a woman is more helpless in emergencies after hospital training than she was before, and all that is part of what she must learn when she specializes.

Let the hospital rather try to give its pupils a thorough foundation in nursing and in neatness for their later special study of district nursing. Honestly, a woman is hardly fit for district nursing who does not know how to pile up dishes in an orderly way, who scratches matches on the walls, and does not wash out her bath tub.

I have read in recent articles on this subject references to English systems, yet the fact that England demands a special training for visiting nursing was quite overlooked in them.

No good English Matron would consider having her third-year nurses go through some scattery, partially supervised training in district work. The nurse there must get her full training in nursing, first, and before she is appointed as a Queen's nurse she must take her six months' training in a District Home under a superintendent.

Visiting nursing among the poor is very different to-day from what it was fifty years ago, because the whole conception of poverty has become altered and the whole attitude of approach to social questions has been revolutionized. A visiting nurse in large cities who is not intelligent on civic and social movements may often do more harm than good, or may often fail to do as much good as she otherwise could do.

My whole argument is: "Do not let us fall into the old mistake of "cramming" the nurse in her training, by trying to crowd specialties into her hardly-won three years. Let the hospital training be developed to its fullest possibilities and let the specialties wait until the nurse has had her full grounding. Then, of course, some one must build District Homes for special training.

LONG-CASE NURSING

INTRODUCTION

It occasionally happens that a nurse who is sent to a patient fits her place so well, and is so needed by one and another of the family, that her stay lengthens into weeks, months, or years. Such long cases are surely desirable to the patient and family, for it is much pleasanter for all concerned to have one person on hand to whose ways they are accustomed than a series of perhaps equally good nurses. Are they

desirable for the nurse? Some of the nurses who have had such experience have been asked to give their views on this question, but most have refused, saying the disadvantages were obvious and they did not like to dwell on them.

Nurses who are occupied with short cases sometimes envy the "good luck" of those who are, perhaps, travelling with a patient, and fancy they are having a very easy, delightful time, but console themselves by thinking that *they* are keeping up with the times. This is rather a mistaken estimate all through. If the nurse is having a delightful time now, be sure she has earned it by days of faithful toil,—the case does not usually begin with travelling. Also, to travel with a patient is not all ease for any of those concerned. It is much more difficult to make a sick person comfortable in a hotel; in strange cities one cannot always purchase things necessary for comfort. I have known a nurse who read aloud all the four days of a trip to California, and some who cross the ocean are doomed to spend most of their time in a stuffy stateroom, if the patient is unable to go on deck. As to keeping up with the times, any nurse who wishes to keep up will do so, for she will be continually thinking, studying, observing, reading, and learning, while any nurse who is unambitious may fall behind, though she be placed in the midst of advantages. The people who can afford to employ a nurse for months or years are not satisfied with less than the best, and it is only the exceptional woman who can fill such a position acceptably. Often she needs many other qualifications than the one of good nursing, for she may be called upon to act as housekeeper, shopper, secretary, chaperone, or hostess. Indeed, she is hardly ever idle. There are a thousand demands upon her, which she is happy to fulfill, but which keep her fully occupied. This leads us to the great disadvantage of such cases. The nurse is giving up for the time her individual life. The hospital nurse has scraps of days which are her own, to use as she pleases. The private-duty nurse, taking acute cases, has her occasional intervals at home, between cases, when she is free. The nurse on a long case is swallowed up in the interests of her patient and family. If these interests are uplifting, she may throw herself into them heartily, make them her own, and feel no loss. But even so, it would be better for her, and indirectly, for the patient she is with, if she could have a small portion of the day which belonged to her, to plan for as she pleased; or, if this were impossible, some one time in each week, absolutely her own. Often a nurse will have a good deal of time at her own disposal but it will fall to her irregularly and unexpectedly, and she cannot make the best use of it.

FIRST PAPER

By HARRIET HORNER, M.D.

Graduate Bellevue Training-School

It is almost impossible for me to consider the subject of long-case nursing in an impersonal way. My own experience, covering a period of over fifteen years, with one patient, seems to color all my views, and now that five years have passed since I left that patient for new fields, my views are only intensified by the happy retrospect. It seems to me that the advantages, and they were many, were those which benefitted me personally as a woman, while the disadvantages were of a professional nature; what I gained as a woman I lost as a nurse. We are women first and then nurses, and to be a good nurse one cannot have a character too well rounded, or have too broad a culture; and I cannot help thinking that the daily companionship of an invalid, who, though so unfortunate as not to be an acute case, with all the interest that belongs to such cases, but who suffered patiently through long years of semi-invalidism, has done much toward making me a more useful, less selfish woman; that the many books I read to her, on varied subjects, books which, perhaps, I would not have chosen so wisely for my own reading, have given me a wider and more extensive knowledge of literature than I would otherwise have had; that our little journeys into the world, which she from time to time was able to take, have enabled me to see places and people which have broadened my whole outlook and views of life; and last, but not by any means least, are the advantages which cannot be overestimated, obtained from being admitted to the family life of a refined and cultivated woman, with wide interests and a large circle of friends and acquaintances. This was an education in itself, and if there were sacrifices, such as giving up my career as a successful nurse, they were more than compensated for by the rounding out of my individual life, and the broadening of my views. If the thought intrudes that I was not doing the good in the world that, in my early enthusiasm, I planned, I have but to recall the many ways in which I was enabled to labor for others, indirectly, perhaps, but successfully, by working with and for my patient in her many charitable undertakings. Many of them she could not have accomplished without the aid of a sympathetic coworker and assistant.

But, on the other hand, if all one's time and energies are given up in going from one acute case to another, one gains vastly in experience, one becomes an expert nurse, much praised and sought after by the

medical profession; and if this be one's ideal, the goal of one's highest ambition, this short case nursing has distinct advantages, and the reward is good in a purely professional way. Such a nurse has the consciousness of having done well what she has undertaken to do, she has been ready for action and alert to do her very best at all times, with all her powers trained for immediate and constant use. She is invaluable and her usefulness cannot be overestimated, nor valued too highly, and she can look back upon her years of active nursing as time well and conscientiously spent. But many nurses will, I think, acknowledge that somehow their horizon has narrowed, almost without their knowledge and consent, and at the end of their nursing career they find themselves worn out and perhaps no longer useful.

SECOND PAPER

By K. K.

Six months is as long as a nurse should stay on a medical case, for she gets so tired, there is such constant work, her head and digestion both give out. In nervous cases, if the nurse fits the case, there is great advantage to the patient in keeping the same nurse, and it is the duty of the latter to stay, if she is able to do so, and not subject the patient to change. If the patient is ordered to travel the change is also helpful to the nurse, and she is enabled by that means to keep the case indefinitely if needed.

There would seem to be an advantage financially to the nurse in long cases, where she loses no time in waiting, but this is offset by the requirements for different dressing, and unless the patient or her family are thoughtful for her extra expense, when she is placed where she must not wear her uniform, the nurse is out of pocket very much. It is a decided disadvantage in that respect.

As to falling behind professionally, each case is a new study and provides its own training. It lies with the nurse herself, whether she fall behind in her work. She has many opportunities, if she will seize them, for doing other nursing, as other members of the household than her patient are constantly needing care.

Disadvantages—what are they? Nothing should be a disadvantage to a nurse. When she begins to think of her disadvantages she is tired, and needs to consult her good doctor, who will understand better than any one else whether his nurse is worn out or not.

THIRD PAPER

By O. B.

I FIND the objections I have in mind to long cases apply particularly to certain cases among the wealthy, where there is no personal feeling in regard to a nurse,—especially long summer cases, in the country, where I am isolated from my friends. Such a patient will send for me again and again, because she knows I will take good care of her and because I will fit into the household well, and I go because there will be a steady income for six months, which I need. I also know that I will be well taken care of; but there is no affection on either side. The social goings-on make it a little difficult, particularly about meals. I have to have mine when and where it is convenient. In a short case this does not happen, or not so often. And I do miss not seeing some of my own kind, whether at the alumnæ meetings, or lunching down town, or in my own home, or in theirs, and I feel that I do not keep in touch with what is going on. Of course my alumnæ journal and the nursing and medical journals supply a great deal, but it is not just the same. I dare say it is for one of greater mental calibre than I, but I have always been very dependent on my friends for inspiration in my work.

I am well, and live on "the fat of the land," but sometimes I wish it were not so "fat;" I occasionally yearn for some plebeian food.

DOES THE AVERAGE TRAINING-SCHOOL PREPARE ITS NURSES FOR PRIVATE DUTY

By A GRADUATE OF THE ILLINOIS TRAINING SCHOOL FOR NURSES

A MODERN essayist says, "Knowledge comes of doing; never to act is never to know." If this be a truth, how can we know, except by doing, and how can we be prepared for any work by application to another, even though that other be allied by closest relation?

Is it not true of any calling? The vine-grower is a novice in the orange grove, no matter how thoroughly he may have mastered the technique of agriculture. The most brilliant professional graduate has years of drudgery in his special line before he grasps its management. The lawyer in the courtroom; the product of West Point on

the plains; the physician in the hospital; the mining engineer; the musical or dramatic artist, and a score of others in all lines of life who, in spite of years of scientific training, are unequal to the test where the practical application is demanded.

It is but just to our excellent schools of nursing that we acknowledge with gratitude, and that after ten years have ripened judgment, that unfailing effort is expended to give pupils the education that is needed to fit them for all departments of nursing; but how can we expect results that are found in no other line of instruction?

Can we hope to acquire one specialty by the practice of another, though both be branches of the same profession? Look fairly on two presentations.

When a young woman enters a nurses' training-school, whatever may have been her status before, now she is sunk into galling unimportance. The foot of the ladder is hers, and she advances up by the way of drudgery, always under supervision, studied and directed; her health guarded, her time planned in absolute regulation; hours of sleep prescribed, food wisely chosen; she is an object of conscientious care to her severest mentor and never while she is in it, is the protection, any more than the discipline, of her school relaxed. Her hardships are many, and often of a nature to chafe the high-spirited woman, but she learns to view all of this as her immediate associates do, as a common means to a desired end. While absorbing ethics of nursing she studies humanity from its heights and its depths, and her opportunities and training impart in a large measure tact and adjustment to the exigent, but beyond certain points, and with rare exceptions, all things adapt themselves to her, or to the system of which she is a part.

As the months of her training increase, so does her importance, and she begins to realize a distinct pleasantness in her position. Life is full of achievement, interest, and associations that are most agreeable. Acquisition compensates for the hardships of acquiring, and repressions of beginnings are forgotten on the height of her pedestal, up to which others look though she may be too sensible to look down. Whatever admonitions and warnings come to her at this time of possible rough sailing, once she is beyond the direction of those more experienced than herself, are stored away as indirect information, often to be recalled when the second presentation is realized.

A pupil-nurse may not enjoy a petted existence, but it is a sheltered one, and whatever inconveniences it may offer, she has

learned to fit herself to them. Very different does the outside world appear when the shield is removed and she stands alone against the unexplored. To her, naturally a creature of method and routine, the sharpest blow to consciousness is the total lack of system in the average household.

We may clear the way of all exceptions, exclude a score of possible occurrences that could impede her progress, and keeping to the line of average only, find that in her case, as in that of all the newly trained of other crafts, however complete her technical instruction she is but ill-prepared to apply it under the new conditions.

Households vary widely in temperament, cultivation, and methods of management; the public has standards of its own and is in a position to exact deference and exert opposition. To all these variations the new beginner must adapt and readapt herself, standing alone, unsupported by the consciousness that those around her bear as she is bearing. The responsibility of life is in her hands and on her soul; she is mentally strained by the anxiety of watchfulness and apprehension; physically worn by days of twenty-four hours each, lack of sleep, irregular or unsuitable food; personal care out of the question; and hardest of all is the spiritual attrition due to the constant need of readjustment and the knowledge that she is a target of unceasing interrogation and criticism.

The greatest disadvantage one can know is to be off one's own ground, and often years pass ere a nurse may feel that in each house entered she is not an alien. To be sure much depends upon herself. Some of the human race are slow to fit occasions; often these are the most conscientious, the most to be desired, but the over-scrupulous have always a hard time until they acquire self-confidence with self-effacement.

How unlike each other are these two departments of our profession, we who have experienced both know; each recalls perhaps her special difficulties at the beginning of her career. All we think—will own to at least a few. The pity is that our experience is of little avail to help those who come after us. As we learned, they must learn; as all of us learn to live, not by what others tell us of life but by what individual experience impresses upon us.

That there be no misunderstanding, let it be set down, that this paper in enumerating a nurse's difficulties, offers no criticism to a public usually generous, appreciative and grateful. Whatever the cost to the nurse, she owes all she gives to those who furnish her with means of living. Neither do we offer a suggestion for better-

ment of training-schools; our argument admits no room for changing conditions, unless we can introduce within our hospitals the erratic and uncertain system of household management, a state of affairs neither practicable nor desirable.

If training-schools placed their pupils for the entire period of service in the sick-rooms of private houses, could they be so trained for ward nurses? Surely not without a special course. Reverse the situation and it has much the same disadvantage. The training-school gives the nurse her entry into the field of private nursing, but she must learn to use her knowledge by practical test, and grow in a new soil the seed garnered in other harvests.

ARTISTIC NURSING

By MARY F. SEWALL

Graduate of Massachusetts General Hospital

In the March number of The Nursing Journal I observe with interest certain questions from a correspondent signing herself "Yearling" in regard to the custom of older nurses in the matter of performing slight services of a character which cannot be strictly called nursing, such as the washing of diapers and taking the baby out in its carriage.

As the years go by any person actively employed in a definite work, such as nursing, will find that many of the ideas with which she started out are really delusions. Certain truths, gradually brought together and formulated from the results of many experiences, she will in time acquire, which will form the foundation of her working methods. One delusion which commonly afflicts beginners is that there is some intrinsic grandeur and nobility about nursing distinguishing it from other kinds of work; it is a popular one, with good historic background. We often hear the remark: "What a noble work yours is, sacrificing yourself to make others comfortable." But we know that we are not working for charity, but following an agreeable and lucrative employment. A second delusion might be called the "professional idea." This is founded on the fact that the technical training and superior education which is now expected of nurses has raised the work to the dignity of a profession. Many graduates seem to think that upholding this professional dignity is an end in itself.

The truth of the matter is that no work is in itself ennobling or

degrading; it takes its character entirely from the spirit and purpose of the worker. The nurse who goes at her work in the right spirit need not be troubled about doing things because they are not "professional" or "customary;" she will rather decide in her own mind whether doing the thing will further the purpose she has in view, the comfort and welfare of her patient, and if convinced that it will she will go ahead and do it whether it be washing diapers, washing windows or washing faces. In each case the act is performed with the distinct and definite purpose of removing from the patient's mind some worry or anxiety which was adding to her discomfort and which it was just as surely the nurse's duty to remove as it was to brush the crumbs out of the bed or straighten the wrinkles in the under sheet.

I remember once hearing a nurse tell of the spirited way in which she answered a householder who was trying to give her directions for regulating the drafts of the furnace. "I told him," she said, tossing her head at the thought of the terrible insult, "that it was no part of a trained nurse's work to run furnaces and I prided myself on not knowing how and did not wish to be shown by him." Yet what had she gained by her behavior in this matter? If the patient knew of it she was probably made unhappy at the thought of her husband's annoyance and also she would worry lest the house should grow cold during his absence and the children suffer in consequence, and the nurse herself in her own heart must have felt that she had been disagreeable and unaccommodating; as for the husband, he is probably added to the already long list of people who consider that the trained nurse is at best a necessary evil to be borne with philosophically as being only temporary.

I like to think that nursing is a kind of work particularly well adapted to bringing out what one might call artistic ability in the worker, because each case can be made to stand by itself as a separate piece of work—an artistic production, if the worker has the skill to make it so. She goes to her case with the definite object in view of making the patient comfortable and alleviating as far as lies in her power the unpleasant conditions incidental to sickness. She is armed with technical knowledge and has intelligence to direct her in the use of this knowledge so that she may apply it to the best advantage. She is mindful of all the little details which can help to bring about the result she is aiming at and will neglect nothing which will in any way, directly or indirectly, assist in accomplishing her purpose.

To show more exactly my meaning, I should like to describe a few imaginary cases. A nurse is called to an obstetrical case. The family

is small, consisting of a father and mother, and a child under two, besides the new baby. One general servant is kept. The mother when talking things over with the nurse during her preliminary call, will speak of the competence of Jane, a really valuable servant whom she hopes to be able to keep. She will also speak of little Alice, who is always good with Jane, though she had hoped that her mother could have been with her to look after things generally. Here the nurse will observe at once that the mother is worried about this older child and also not quite sure how Jane will behave, and she makes a mental note of the circumstances. After the confinement it develops that an extra laundress has been engaged to come once a week, but no special provision has been made for the washing of diapers. The nurse at once perceives that Jane, with the additional burden of the care of little Alice on her shoulders, is a person to be delicately handled and she will quietly and unostentatiously wash the diapers and flannels herself. She will also probably find that she has many spare minutes that she can devote to the "big baby," which little person is often quite forlorn under Jane's supervision and apt to miss her mother. The doing of these things will come about in a perfectly natural manner, and the nurse will notice that the effect on the patient is fully as beneficial as that of the baths and other treatment administered.

In another family there are several older children and a nurse-maid is kept, besides a cook and a laundress. Here the nurse will probably not wash the diapers, because she will see that there is another person in the house under whose department that sort of work will naturally fall, and she will above all things try to make her own work fit into the ways of the household. The mother may perhaps want the baby taken out for airings, the weather being warm. The nurse will probably express no unwillingness to do this, but will suggest as a method better suited to the age of the infant that he take his airing in his cot on the corner of the porch. In both cases the aim of the nurse is to secure her patient's comfort by herself working into the family routine and increasing, rather than interfering with, the harmonious effect. To do this successfully certainly calls for intelligence of a high order, a real artistic ability, which is only a fine perception of the fitness of things, and inclination to act accordingly.

There is a fragment of a story, read many years ago in a magazine, which has always staid in my mind as the best description I have ever read of good nursing, and I have often used it as a standard by which to test the quality of my own work. Perhaps it will not come in inappropriately here. The story begins with a mother lying in bed,

her new-born baby by her side. The room is hot and close, and filled with buzzing flies, the table is littered with unwashed dishes and miscellaneous articles, garments are strewn about on chairs and floor, left where they were dropped by heedless persons; the mother's eyes are shut tight to keep out the sight of the disorder she is unable to correct; then in comes the nurse escorted by half a dozen eager, noisy children, all scrambling to be the first to show her the wonderful new baby. She is large and calm, neatly dressed, with a low, quiet voice. In an indescribable way she gets the children out of the room, setting tasks for the older ones in the kitchen and elsewhere, suggesting a game for the younger ones to be played in the back yard; then she goes to work without hurry or fuss, putting her hands as it were by instinct on the things she wants to use, and in a short time the mother is bathed and made comfortable, the baby attended to and the room reduced to a state of order. "You are like a cool breeze from the mountains, Miss Smith," says the mother, "I am sure this room is forty degrees cooler than it was half an hour ago, and I feel like a different person already." Then, as the nurse leans over her, bathing her forehead with a cooling lotion, she whispers in a pleading voice, "There is a piece of beefsteak in the kitchen cupboard; do you suppose Lizzie could cook it for Alfred's dinner?" "Now, honey," says the nurse, "don't you worry about Alfred; we 'll see that he doesn't starve," and presently she slips out of the room and in a few minutes the mother smells the broiling beefsteak. Soon the front door opens and shuts with a bang and her nerves stiffen in expectation of the hot, hungry husband bursting into her quiet room, but again the soft voice is heard in the hall, and a low laugh, and the heavy, creak-boots go by her door with elaborate attempts at stillness and a chair is drawn scrapingly up to the kitchen table, on which she sees in her mind's eye the tempting beefsteak and steaming coffee. Presently the husband, fed and comforted, puts his head in at her door with a smile and a few cheery words before going back to his work. The children have now gathered in the kitchen and the kettle of rice, done to a turn, dry and flaky, is turned out into a bowl under their eager inspection and Miss Smith sits down with them to a dinner of rice and milk, a bowl of which is shortly carried in to the invalid.

Dinner over, the two older girls wash the dishes and clear up the kitchen and the younger ones go back to their play in the yard. The baby is now awake and requiring attention and Miss Smith attends to his wants and tucks him up again in a gentle, masterful way which somehow conveys the impression to his undeveloped consciousness that things are all right, and wrinkling up his face in a funny way that little

babies have, he is off to sleep again. Now the nurse is looking about for something she doesn't seem to find. Oh, there it is, thrust under the table by the mother's trembling hand, when necessity compelled her at the last moment to drop her needle and go to bed. Miss Smith pulls out the large basket heaped with garments in various states of disrepair and with a contented smile seats herself in the low rocking-chair by the table and threads her needle. The mother watches her through half closed eyes, too weary to talk, yet with a feeling of comfort and well-being creeping over her as she observes the pile of neatly-folded and mended garments steadily increasing on the table while the chaotic heap in the basket steadily diminishes. It is as if some terrible incubus which has been weighing on her had been lifted. She turns over with a happy sigh and drops asleep.

Of course this is a very simple description of a nurse in a working man's family, but the principle is one which can well be applied to any and every case. In the homes of the rich, life is often exceedingly complicated and it is correspondingly difficult for the nurse to discover just what to do to bring about the environment which she feels will be most beneficial to her patient, but even in these cases much can be done by careful study and conscientious effort. Each case must be studied and managed entirely on its own merits and without reference to things done at other cases. After it is over there is nothing more helpful to a nurse than to carefully review in her own mind the case as a whole, and she will find that she is measuring and estimating the value of her work by the standard she has set herself for what I have called artistic nursing. She will not only congratulate herself on the fact that the patient has come safely through a severe sickness or a difficult confinement, greatly aided by her skill, but also she will say to herself, "This has been a good case, because somehow I managed to find so many ways in which to add to the comfort of the patient and the family, and when I came away they remarked that the event which they always dreaded as a time of calamity and general discomfort had turned out to be on the whole a rather agreeable episode." This is the very highest praise which a nurse can receive from a patient.

In moving into the summer cottage something went wrong with the water supply, and in consequence every one wanted a drink of water. As with the invalid tea or coffee was out of the question, Rose, the colored cook, was told to bring a glass of milk. "Goway, honey; milk hain't a drink; hit's jus' a beverage."

IN CASE OF DEATH

BY A. B.

To the young graduate who is just starting out to do private duty, these suggestions may be of value.

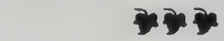
When a nurse is asked to remain after the death of her patient and is requested to do everything that is necessary, the first thing she must think of is the mouth, especially if artificial teeth were worn. Replace these as soon as possible, and hold the jaws until they are set. This may take an hour or more, but it is the best thing to do to make the mouth look most natural. Next bathe the body, put on a diaper and clean gown, do up the hair as worn during the patient's lifetime, if possible, change the bedclothing, air the room, and put it in perfect order. Do all this as quietly as possible.

When the undertaker arrives, he will be glad of your assistance. He will tell you when to dress the body. If the weather is cool he may finish the embalming at once, and you can then complete preparations for burial the same day, dressing the patient as the family desires. If you cannot do this until the next morning the body will be rigid and it will be more difficult to put on the garments, but as there is no hurry you will have patience, for on no account must a garment be torn. Be as gentle and conscientious in the care of the dead as you would be were the patient still alive and conscious of every touch.

Often the nurse is asked to stay until after the funeral; she will then help in the arrangement of it, and afterward help to put the house in order, everything in its usual place, removing as much as possible the signs of the presence of death.

What a comfort and help the nurse can be to the family at such a time! It is surely a privilege to be asked to perform the last duties this side of the grave and to have inspired the confidence of the bereft family.

PRACTICAL SUGGESTIONS



Dry mustard rubbed on the hands removes the odor of pus and feces.

E. C.

A small rubber powder-blower, such as is used by ear specialists, is convenient to use in giving enemata to infants.

E. C.

Half an egg beaten up with a glass of malted milk improves the flavor and adds to it nutritious value. Cocoa and chocolate are also pleasant additions to malted milk.

E. C.

I have just been reading the article on Special Feeding in the September Journal. I notice it says that cardiac patients are allowed weak tea and coffee. At Nauheim they cut out coffee altogether unless the patient makes a fuss about it.

M. D. B.

If possible to move a patient from a double bed to a single or three-quarter one of enamelled iron, do it as soon as you have established yourself. A little tact will convince all concerned of the greater comfort for the patient, and you will not be opposed. If possible, put a hard mattress under the one on which the patient lies.

M. R. H.

Last winter I had a case on the second floor of a house with a basement kitchen. The diet was liquid, every two hours, usually served cold in very small quantities. To avoid travelling over two flights of stairs, I used a tin cracker box, long and narrow, fitting nicely on the window ledge, against the double window, for an ice box, usually filling it night and morning. I kept glass jars (pint)

with screw tops, filled with the two or three liquids in use. This was in the sitting-room opening off the sick room. A clean white towel was laid over all, and no one suspected my supply closet.

M. R. H.

QUESTIONS AND ANSWERS

A HOSPITAL superintendent writes: "The one thing that troubles me in connection with nurses in private duty is, How shall we arrange for the hospital when graduate nurses are on special duty there? Shall hospitals charge a board fee when a graduate is employed? If so, who will pay it? Often a patient is willing to use a student at fifteen dollars a week instead of a graduate at twenty-five. If at a hotel, the patient would have to pay the board and the salary. Yet in a hospital the nurse gets professional relief, all the sterilizing of supplies is done for her, dressings made, etc., then should she be willing to pay her own board? What is the arrangement usually made? I have tried not to antagonize the private nurses in any way, yet it is discouraging they require so much waiting upon, want to see all operations that are unusual, and many of them upset the floor they are on dreadfully."



TREATMENT OF INGROWING NAIL.—The *Medical Record,* in an abstract from *Journal de Médicine de Paris,* says: "Drucbert, in his hints on the prophylactic treatment of this affection, states that thick and very convex nails have a natural tendency to penetrate the flesh. Flat, small nails covering large fleshy toes, when the tissues are not very resistant, are apt to be overgrown by the skin. He advises saline baths, as well as alum and tannin, for tender tissues. The greatest care in the toilet of the feet should be taken in cases showing a predisposition to ingrowing nail. Inflammation should be carefully watched for and kept in check. Curative treatment depends upon the degree of inflammation. Long walks and standing on the feet should be avoided. The application of antiseptics, such as sublimate, which will reduce the inflammation and prevent further trouble, is indicated. Dressings repeated several times daily will help to keep the trouble in check. A bit of dressing covered with vaselin may be gently forced under the nail. In more severe cases radical treatment is in order."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

Eyestrain and Crime.—At the annual meeting of the American Academy of Ophthalmology and Otolaryngology, Dr. George M. Case, Elmira, N. Y., urged the necessity of the examination of the eyes of inmates of penal institutions and especially of reformatories and schools for incorrigibles. He stated that a large percentage of the young criminals of New York have strikingly high ocular defects. He considered eyestrain as a contributing factor in truancy in school, disinclination to work and inebriety. He believed that routine examination of the eyes of school children would do much toward the prevention of criminal tendencies and would elevate the standard of civilization, and considered that state appropriations should be made for this purpose. The managers and superintendents of institutions should be informed as to the baneful results of eyestrain in the production of crime.

Typhoid Infection Conveyed by a Convalescent Infant.—Dr. Thomas S. Southworth, New York, read this paper at a meeting of the American Pediatric Society. He reported two house epidemics in two different cities, the connecting link being a child of a few months, convalescing from typhoid fever. During convalescence entered a house where there had been no typhoid, and in two weeks after arrival two other children were attacked with typhoid and later a third. He deprecated the habit of allowing convalescing patients to go around without any instructions as to care of discharges; this was especially applicable to children. He thought these reports threw some light upon what were often regarded as sporadic cases. The infection was conveyed by the bacteria still in the urine or stools.

Dr. D. L. Edsall, Philadelphia, had failed to find in a careful inquiry in a large number of cases that the majority of doctors gave their patients any instructions at all, even during the course of the disease, that bear upon contact infection. In having a careful examination made into the records in over 200 cases at the Episcopal Hospital he had found that contact infection was indicated in 17 per cent. of the cases; there was a suggestion of it in 25 per cent.

Habitual Constipation.—Dr. C. F. Spivak, in an interesting paper published in the *Medical Record,* controverts many established ideas on this subject. He says: "Humanity is undergoing profound changes in regard to dietetics. We may consider the last century as a transition period. At no time in the past have the civilized nations consumed so much meat, eggs, milk, and especially sugar as during the last century, and the use of the latter article is growing from year to year. The number of predigested, prepared, dextrinized foods is increasing daily. The high efficiency of the dental art and the greater stress laid upon the proper mastication of food, all these factors produce certain changes in the human organism, which manifest themselves by a reduced quantity of the fecal matter and less frequent need for emptying the bowels. The tendency of civilized life in general and of modern dietetics in particular is toward the production of lesser quantities of fecal matter and less frequent intervals of evacuation."

Postoperative Retention of Urine, says the *University of Pennsylvania Medical Bulletin,* is treated as follows by Anspach: If retention of urine is persistent the recommendation of Baisch is adopted, viz., a catheter is inserted into the distended bladder, and as soon as the urine begins to flow the catheter is compressed and 20 c.c. of a 25 per cent. solution of boroglyceride is injected into the bladder. The catheter is then withdrawn. Urine is usually voided spontaneously after this procedure, and in very many cases no further difficulty is experienced.

The Microbe of Whooping Cough.—The correspondent of the *Sun* in Antwerp says that Dr. Gengou, of the Belgian Royal Medical College, reports the discovery of the whooping-cough microbe. It is said to resemble Pfeiffer's influenza bacillus.

Insomnia.—Dr. Norman Bridge, in a thoughtful article in the *Journal of the American Medical Association,* says that people give themselves too much concern about not sleeping and keep themselves awake by their very anxiety to sleep. Rest in bed in a horizontal position is necessary for the body, and this is the important point. Sleep is much less important and a sufficient quantity will be obtained if the mind is kept quiet and not in a constant state of anxiety and worry over the hours spent in wakefulness. To obviate noises that disturb,

he recommends the insertion of a plug of paraffine wax in the ears. Warm feet, fresh air and a good bed induce sleep.

Definition of Hysteria.—The Journal of the American Medical Association, quoting from *Berliner Klinische Wochenschrift,* says: "Kronthal argues that hysteria cannot be regarded as a nervous affection. It is the varying morbid reaction of the cells constituting the individual. Treatment should aim to influence the morbidly reacting cells by changing the environment and by strengthening the cells—the benefit from which has long been established empirically.

Stomach of the Infant.—The *New York Medical Journal,* in a synopsis of a paper in *La Presse Médicale,* says: "Leven and Barret describe the stomach of the infant as quite different from that of the adult in several particulars. Its position is transverse with its greater curvature practically horizontal and forming its lower border, while that of the adult is rather vertical with its greater curvature forming its left border. The lower limit of the infant's stomach is formed by a portion of its greater curvature, that of the adult by the region of the pylorus. The stomach of the adult adapts itself normally to the dimensions and volume of its contents, while the condition of that of the infant rather resembles that characteristic of dilatation in the adult. The contractions made by the stomach to evacuate its contents into the pylorus in the infant are of different characters from those which take place in the adult. The time required by the stomach of the infant to dispose of from 80 to 175 c.c. of milk varies from one and three-quarters to two hours."

An Unexplained Febril Affection with the Highest Temperature Reported to Date.—The *Interstate Medical Journal* has the following item quoted from a German contemporary: "The remarkable case reported by Heller was one of fracture of one rib, concussion and probable infection of the cord. The highest temperature (taken with 7 thermometers) registered 49.9° C. (122° F.) axillæ. It remained at 45°–47° C. for seven days and was not below 42.2° (108° F.) for seven weeks. During the entire time the patient did not experience any other symptoms. The pulse was never over 120 and complete recovery was the ultimate result."

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

THE CUBAN TRAINING SCHOOLS

Miss O'Donnell, who has lately come from Cuba to study visiting nursing work in the Nurses' Settlement of New York, gives pleasant and commendatory accounts of nursing progress in the beautiful but troubled island.

There are now Cuban nurses holding positions as superintendents, with ability and distinction. At the Matanzas Hospital there is Miss Seigley, and at Cienfuegos Miss Cantara.

Miss O'Donnell's sister, Miss Mary O'Donnell, is still in charge of the training-school at the Mercedes Hospital, which was the first school for nurses opened in Cuba. She is also the inspector, under the Education Department, of the other Cuban schools, a position formerly held by Mrs. Quintard during her stay there.

As the Mercedes is the University hospital, all the other schools send their nurses there for the last three months of training (the course being three years), and they all pass their examinations there. It is thought possible eventually the Mercedes may evolve as the one central training-school, from which the others will receive certificated nurses for permanent positions, and some pupils.

A course of preparatory training is also being talked of, but is likely to be delayed by the present unrest. Three other American superintendents are still in charge of Cuban hospital schools—Miss Byers at Santiago de Cuba, Miss Walker at No. One, Havana, and Miss Pierson at the General Hospital, Camaguëy. Would it not be a happy idea to invite all these Cuban superintendents to join our superintendents' society? Or at least to affiliate with it? It seems a pity for them to be so near and yet so far.

Miss O'Donnell speaks highly of the skill, tender-heartedness, and sympathy of the Cuban nurses. It seems that many of them marry, so that there will hardly be too many of them—perhaps not even enough.

THE ANTI-MALARIA CRUSADE IN ITALY

THE splendid work that is being done by the Italian Government under the direction of such scientists and medical men as Dr. Angelo Celli (whose article on this subject was given some time ago in the JOURNAL), is steadily and encouragingly successful. The main lines of attack against the malarial pest are mechanical protection of workers by window-screens, wire-masks and large gloves, with rules forbidding labor before sunrise or after nightfall in infected districts; the systematic distribution by the government of quinine, with compulsion for employers to provide it; the opening of stations by the Red Cross Society; drainage schemes, and universal popular teaching by leaflets, verbal instruction, and demonstration. How much more glorious it is to see a government fighting disease than other nations! And it is fast becoming more interesting.

FOREIGN VIEWS ON NURSES' FEES

THE question of nursing the patient with limited means is being discussed all over the world. The Australian nurses are considering establishing a visiting nurse service for such patients, backed by their association, not leaving it for the individual nurse at her own risk. The possibility of having such a service turned to the advantage of wealthier patients came under discussion, and one nurse expressed herself thus:

> About visiting nursing there is a great deal of difference of opinion. Unless we can get an absolutely satisfactory guarantee that visiting nursing will be confined to the class for which it is intended, we should reject it without a moment's hesitation, as it would mean utter and complete ruin to private nursing. It remains to be seen if such a guarantee is obtainable.

The *British Journal* thinks it would be almost impossible for an institution or coöperative society to vary fees by asking more when the patient is wealthy and less when his circumstances are moderate. It says, editorially:

> A scale of charges must be adopted, and the employer informed as to what that scale is. At the same time we must own to a feeling of strong sympathy with nurses when a surgeon who takes a hundred or two hundred guinea fee for an operation states that he considers the nurse employed overpaid at £2 2s. a week. This is the sort of thing to make a woman wonder of what use are her days and nights of anxiety, skilled service and arduous work.

In respect to the poorer classes of the community and how to reach them, we think the *British Journal* has touched the most rational solution of the problem when it says:

> We are warmly in sympathy with the poor and the middle classes being supplied with the most efficient nursing—instead of the makeshift stuff often provided at present. It can, and should be done, but the deficit must be made up *by the community at large*, and not at the expense of trained nurses, than which nothing can be more illogical and unjust.

In connection with this topic comes the announcement of the Berlin Central Nursing Directory (which, if we are not mistaken, is a part of a large general supervision of ambulance and first aid service, formerly under purely volunteer organizations, but now affiliated under municipal oversight) that they will provide nurses at moderate prices to persons not able to pay the full charge, and entirely free to the very poor. Perhaps one of our German sisters will explain how this is done.

ITEMS

The Nurses' Hostel in London, which is in some ways a pattern of convenience such as we do not possess, has been having some trouble with its management, chiefly centering about the telephone service. Probably all centres where nurses live have some such difficulty at least once in their career, and we hope the Hostel will soon smooth out the wrinkles.

Dr. Otto Schmidt, of Cologne, is making researches into the nature of carcinoma by studying it in animals, believing that scientific research here may give some practical therapeutic knowledge.

The training-school for nurses at Bordeaux gives its pupils practical demonstrative examinations, one surgical ward, the operating-rooms, and two medical wards being thus utilized. This growing custom of testing the nurse's skill by having her demonstrate it is bound to be a most wholesome preventive of the superficiality that might be connected with purely clerical or oral examinations.

A former Queen's Nurse, writing to the *British Journal of Nursing*, September 22, gives an interesting account of district nursing work established in Jerusalem in 1903, and continuing to the present time with success. Her work was among the Christians, as the Jews have their own physicians and nurses. The nurses do a good deal of looking up

cases themselves, and conditions are very pitiful, as may be illustrated by this little story quoted from the letter:

A nurse is often not called to a patient's house until it is too late—the patient may be dying when she arrives, or the friends get tired of a long illness and neglect the patient, only sitting by expecting the poor soul to die. I had the wife of a Turkish soldier for a patient whom I found quite accidentally in a most deplorable condition: she was lying on a hard mattress on the floor in the corner of a small room, parched with thirst and covered with flies, and her husband was amusing himself in another part of the room waiting for her to die; he did not mean to be unkind, but thought it was no good, and so left her in the state I found her. I took her to the German Hospital, where she died after a few days. It was a case of neglected malaria, and with proper treatment she would probably have recovered. She was a very beautiful Damascus woman, only 22 years of age.

GERMAN HOSPITALS

GERMANY is building a great many new and magnificent hospitals. The new Augusta Victoria Hospital in Schöneberg, a suburb of Berlin, with 600 beds, just finished, is a model of perfection in plan and detail. In the children's wards of this hospital a teacher is to be employed to carry on the schooling of any children who are fit to study.

The new Rudolf Virchow Hospital, opened in Berlin on the first of October, has been seven years under construction and is a marvel of size, capacity, and completeness.

Charité Hospital in Berlin is now entirely staffed with nursing sisters on a unified basis under the general direction of the hospital management.

For many years Charité was nursed on a most intricate plan by deaconesses and sisters from different mother houses, each set being under its own head sister.

Kaiserswerth deaconesses have worked in Charité for nearly three-quarters of a century, but as Kaiserswerth could not supply enough nurses the hospital had to engage others from other schools. The Clementina House of the Red Cross in Hanover supplied a set of sisters, and they were under the general oversight of a head sister from the Clementina House. As the needs of Charité grew, other nurses had to be contracted for, so that there were actually several nurse supervisors or heads, each one responsible for her own group of nurses.

We well remember seeing, in 1899, in Charité, the different uniforms and caps betokening different mother houses and schools.

This cumbersome method has now been abandoned, and Charité will

have its own sisters, most of whom, if not indeed all, are being supplied by the German Nurses' Association, and train its own pupils, who will also be "free." We see no mention made of a matron (superintendent of nurses) and predict that unless there is one the nursing and discipline will retrograde. The German physicians (some of them) have a strong antipathy to matrons. Yet those countries that have them have made the most progress in good nursing, and one has only to look at hospitals under men's rule where there are none (as in Austria and France) to see the results. To meet the need of well-trained nursery maids, the Berlin Societies for the Care of Infants are establishing three-months' courses of training in the care of infants, on the lines of that at the Babies' Hospital in this country. The young women are carefully selected and taught, pass an examination, and have no trouble in securing good positions.

A TUBERCULOSIS CAMP BY THE DAY

In the beautiful pine woods of Grünewald, near Berlin, two resorts have been established, one by the Red Cross and one by the city, to which incipient tuberculosis cases go by the day to get the air, nourishment, and treatment. Both the resorts are alike, with simple rustic buildings, but plenty of everything needed for proper handling of the cases. There are reclining-chairs and shelters for lying down out of doors, places to remove damp or wet garments and a supply of substitute clothing, wraps, blankets, etc., and milk, eggs and other diets are served. Doctors and nurses are in attendance. Families are allowed to visit in the afternoons, and diversion is provided in the way of entertaining lectures, reading, games, etc. The patients come every morning and go home at night.

[In our June issue the Day Camp at Parker Hill, Boston, is described by Miss Robbins.—Ed.]

LETTERS TO THE EDITOR

[The Editor is not responsible for opinions expressed in this department.]

THE SLIDING SCALE

My Dear Editor: I have been very much interested in your journal in general, but several paragraphs in the September number particularly attracted my attention, and I think call for an answer from some member of the medical profession. With your permission I should like to state my opinion with regard to the questions therein raised.

In the first instance, a nurse is puzzled as to how far her duty requires her to extend professional courtesy to the son-in-law of a physician. We have similar problems to meet; as, for example, when we treat the son of the son of a minister. But as to the nurse, I think the matter is quite clear. I cannot see how any physician, not in abject poverty, could accept the services of a nurse without full compensation. That he would give his services to her if she were ill does not put her under any similar obligation. The cases are not at all parallel. The physician gives a small portion of his time, and does not refuse any profitable case on her account. His income is as large at the end of the year as it would have been if he had not treated her. Perhaps larger because of a good word she has spoken for him.

The nurse, on the other hand, must give her entire time and strength and pay for her room and laundry and telephone out of nothing; and rest up afterward and pay her board, also out of nothing. Then, like most self-supporting women, she probably has helpless old people, or a sister or sister's children dependent upon her. These must also live for the time upon nothing. What honorable physician could accept such services?

Again, I see that nurses are urged to go to the poor at reduced rates. If nurses wish to do this of their own free will I have nothing to say. But when I hear a physician urging this upon them as a duty, I wonder if he realizes just what it means.

I go to a poor family and give my time, fifteen minutes to an hour, I stand or select a hard chair, tolerably clean and safe from vermin. I move the bedclothes carefully so as not to disturb the sleeping germs.

I take neither food nor drink in that house. Once outside I take a long breath and drive rapidly into fresh, pure air. Then I go to my most delicate, refined and noble nurse, for she alone is open to the appeal, and say: "I am making a great sacrifice. I am giving fifteen minutes daily to a poor family. You should do as much. You should go and live for weeks in that befouled air, sleep in those grimy beds, eat with those unclean children, be nourished by their vile, unwholesome food, and after this risk of your life and certain loss of health, accept a pittance for your sufferings."

Such things have been done before now, but we physicians have no conception of the hardship entailed and have no moral right to ask or allow such a sacrifice from any human being. Is the life of my noble nurse of less value than that of the sick person? Can I not take the patient to a hospital, or ask for the calls of a visiting nurse; or, failing these, depend upon the good offices of the neighbors?

We physicians are careless of our nurses. We are passionate to heal. In our mad race for success we call on heaven and earth to help us and drive our chariot-wheels through all obstacles, human or otherwise, as callously as a Roman Nero. And when the race for a life is won, when our case of typhoid, or pneumonia, or eclampsia is going about once more and everybody is praising us, what do we do for the exhausted nurse whose skilful hand and keen eye has saved us at every step of the long way? We are sorry she is broken down and ill; yes. Perhaps she would not be ill, if we had thought beforehand to ask: "Do you have eight hours' sleep some time in the twenty-four? Do you have two hours' fresh air? Do you have proper food? Are you furnished a bed, or an old sofa or chair to sleep on? Do you need a second nurse? If so, you must have one at any cost, even the loss of my fee."

My dear Editor, I believe that if we are simply just we must attach as high a value to the life of the nurse as to that of any sick person, rich or poor.

Anna M. Stuart, M.D.,
Elmira, N. Y.

SALARY ALONE DOESN'T FIX THE STANDARD

Dear Editor: The question whether nurses lower their standard by charging less than their regular rates seems to me one which each nurse should settle for herself. We cannot tell beforehand, when called to a case, what people can afford to pay, and our fees must vary as do those of a physician. I do not believe it is a wise plan to encourage a

cheaper class of nurses for those who cannot afford to pay our price, for if they need a nurse they need the best that can be had. These people do not send for a nurse until something serious is the matter, and if we are at liberty to go we should do our work for what they can pay. If we, by so doing, lower our standard, then so does a doctor lower his standard when he charges below his regular rates. Untrained or half-trained nurses should not be encouraged unless they have proven their ability to carry out the physician's orders. When we take into account the long days and nights during which we give all our thoughts and strength to the sick, we may say we are never paid in full, even though we receive twenty-five dollars a week.

I have recently located in a small town where I know I shall many times have to go below my usual fee, but these same people, I am sure, will appreciate what I do, and I shall be satisfied if I can feel that I really have helped them.

It is, after all, our life, work, and conduct that go to raise our standard, not the question of salary alone.

T. E.

NURSING CONDITIONS IN GENERAL

DEAR EDITOR: A nurse in Idaho was asked what nursing conditions there are. Her reply would fit in as a description of nursing conditions in many another place; our problems are much the same all over the country.

"This is a small place and we know what the doctor and the patient and the patients' friends say about the nurses. We hear many things that we would rather not hear. But most of the faults of the nurses are faults of the woman and not faults of the training.

"We have two training-schools here. It seems to be difficult to get probationers and those in charge seem to be glad to get any one.

"If nurses were better paid and had shorter hours, do you think a better class of women would take up nursing? I certainly do not feel proud of many who are in or are just entering the profession."

W.

"CONTACT INFECTION"

DEAR EDITOR: I have recently seen two articles which have a bearing on the subject of "contact infection."

In the first, a physician who was a member of the commission sent

to investigate the causes of the typhoid epidemics in the army during the recent war, writes that he went south feeling sure he would find the water supply at the bottom of the trouble, and he returned feeling equally convinced that the chief cause was contact infection. He found that at Jacksonville the water supply of the camp was the same as that used in the city, but that while typhoid was raging in the camp, there were only a few scattered cases in the city. He says it is a well-known fact that a regiment can carry such an epidemic with it from one location to another, and that it cannot be controlled until all the regiment property, tents, bedding, wearing apparel, and utensils have been destroyed or thoroughly disinfected.

The second article, also by a doctor, in referring to the same army epidemics, gave as the writer's opinion that infection was carried about in camp by flies.

D.

THE UBIQUITOUS FLY

DEAR EDITOR: Apropos of the recent regrettable disclosures concerning the true character of our former friend, the fly, may I offer this amended version of a familiar nursery rhyme?

Baby bye, there's a fly,
Let us shun it, you and I;
How he crawls, on the walls,
Where the stable refuse falls.
I believe with those six legs
He'll be wading next in eggs.
There he goes, on soiled toes,
Tickling baby's nose.

W.

LINES written in the album of Judge L., after a spirited discussion with his friend on the "future state":

Farewell–
And if on earth we ne'er shall meet
I'll look for you among the wheat.
But if you chance among the tare,
Don't look for *me*. I'll not be there.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

OFFICIAL ANNOUNCEMENTS

On November 20 the New York State informal meeting will be held at 1313 Bedford Avenue, Brooklyn. There will be addresses and papers on the subject of the education of nurses. The morning session will begin at 10 a. m. The afternoon session at 2 p. m.

The Graduate Nurses' Association of Connecticut will hold a regular quarterly meeting at the William Backus Hospital, Norwich, on Wednesday, November 7, at 1.30. Miss Emma L. Stowe will speak on the value of externe work.

E. B. Lockwood, Secretary.

New York.—The first of the informal State meetings in New York is to be held at the assembly hall of the Kings County Medical Society Library, 1313 Bedford Avenue, Brooklyn, on November 20.

The morning session, beginning at 10 o'clock, will be for the discussion of nursing affairs; at 2 o'clock there will be papers and discussions on the education of nurses. This will be the first of the informal meetings that may, upon the call of the president, take the place of the regular semi-annual meetings held before the change in the by-laws. There will be no business transacted, but both sessions will be devoted to the consideration of subjects of general interest to the nurses of the State. With a full attendance the occasion should be exceedingly interesting.

NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

Alumnæ and state associations desirous of affiliating with the Nurses' Associated Alumnæ of the United States are requested to make application as early as possible.

Application blanks may be obtained from the secretary, Miss Nellie M. Casey, 814 South Tenth Street, Philadelphia, Pa.

A limited number of reports of the Ninth Annual Convention of the Nurses' Associated Alumnæ of the United States, held in Detroit, Michigan, have been printed, and can be had by enclosing ten cents to the secretary.

ASSOCIATED ALUMNÆ

The address of the secretary of the Nurses' Associated Alumnæ of the United States, Miss Nellie M. Casey, has been changed from 814 South Tenth Street to 4628 Chester Avenue, West Philadelphia, Penna.

REPORTS TO THE INTERSTATE SECRETARY

WILL the Secretaries of the State Societies who have not responded to the request of the Interstate Secretary for information regarding State work kindly bear in mind the fact that this material is needed at once in order to carry on the work of the department.

Please see that sufficient postage is placed on all mailing matter, also name of sender. If a reply or printed matter is desired, kindly enclose sufficient postage.

SARAH E. SLY,
Interstate Secretary for the Nurses' Associated Alumnæ.

October 12, 1906.

REGULAR MEETINGS

TOLEDO, OHIO.—The Toledo Graduate Nurses' Association held its regular monthly meeting September 25, at The Zenobia. Delegates to the State Convention at Dayton, October 16, were elected, as follows: Miss Mateer, delegate; Miss Roche and Mrs. Kiser, first and second alternates.

The annual meeting of the society was changed from November of each year to May and the Mothers' Meeting from May to April, making the next election in May.

The society voted unanimously a small contribution to the San Francisco Nurses' Relief Fund.

The Toledo local and alumni societies, in connection with the Woman's Club Lecture Committee, are arranging for a public lecture in the near future, by Mrs. Von Wagner, of Yonkers, N. Y., on "Municipal Sanitary and Tuberculosis Work." All who heard Mrs. Von Wagner at Washington, last year, are anticipating a treat.

It is hoped that the association may be incorporated before the next meeting, as the necessary arrangements have been completed.

NEWARK, N. J.—The first fall meeting of the Newark City Hospital Alumnæ Association was held Tuesday, September 25, at 3 P.M., in the Nurses' Home.

The meeting was well attended, the president, Miss Emily Jones, occupying the chair. A very interesting paper on Obstetrics, written by Mrs. Hough, was read and greatly appreciated. After the business of the meeting was disposed of refreshments were served and a very pleasant social hour was spent.

The next regular meeting of the association will be held November 27, at the home of Miss O'Hara, 295 High Street.

PHILADELPHIA.—The Protestant Episcopal Hospital Alumnæ Association met October 3, at the Nurses' Home, Miss Nedwell in the chair. There were six members present.

Notice was read of a mass meeting of the graduate nurses of Philadelphia, to be held at the Church House on the eighth of October, to consider the proposed club-house. The constitution prepared by the committee during the summer was presented and well considered, and all were urged to be present at the mass meeting, that the association might be well represented.

Arrangements for entertaining the State Association and the graduating class of 1906 were also discussed.

The semi-annual meeting of the Graduated Registered Nurses' Association of Kings County was held at the Kings County Medical Building, Bedford Avenue, Brooklyn, on Thursday, October 4, 1906. The meeting was very well attended and the active interest manifested in the important social and professional questions of the day seem to warrant us predicting a bright and useful future for this organization. The executive committee gave a most satisfactory and encouraging report of the Association's progress since the annual meeting. Papers on "The Public School Nurse," by Miss M. E. Wall, and "Nursing in Small-pox," by Miss M. Williams, were interesting and instructive. A nominating committee of five was elected, as follows:

Miss Margaret McCarthy, chairman; Misses Remson, Tweedale, Rothermund, and Burrows. The annual meeting will be held in April, 1907.

Scranton, Pa.—The alumnæ association of the Scranton Training-School for Nurses held their regular monthly meeting at the State Hospital on October 11, 1906. Eight members were present. The meeting was called to order at 3.30 P.M., the vice-president in the chair.

Mrs. T. E. Coppinger was elected delegate to attend the State Convention held in Philadelphia on October 17, 18, 19.

The next meeting will be at State Hospital in November.

Newark, N. J.—The graduate nurses of the Newark City Hospital have organized a nurse club and have opened a club-house at 295 High Street. The club is under the direct management of a trained nurse, as is also the telephone, all calls and messages being promptly attended to, both day and night. The members reside at the club and enjoy the privilege of a pleasant dining-room, where meals are served, making the club more homelike and cheerful. The large, attractive parlor is used for both social and business purposes. Lectures and demonstrations are given periodically.

New Jersey.—To the very great regret of those in charge the state of New Jersey Association was unable to open its anti-Tubercular exhibit in Orange on October 12, as had been planned. The committee had most reluctantly to cancel the engagement of those who had so kindly consented to speak during the day.—Miss Annie Damer and Dr. Wm. Allen of the New York Charities Society.

STATE MEETINGS

Missouri.—The Missouri state association of Graduate Nurses was organized, and held its first annual convention in the University Medical College, Kansas City, Mo., October 2, 3 and 4. The physicians who addressed the Association were Dr Jabez N. Jackson and Dr. W. C. Morron, of Kansas City, and Dr. J. M. Allen, of Liberty, Mo.

The members were extremely fortunate in having with them at this time Miss Sara E. Sly, president of Michigan State Association and interstate secretary.

They also received valuable assistance from Miss Mina Shipley, superintendent of the General Hospital, of Kansas City, Mo.

Mrs. Bell, president of "The Athenæum," of Kansas City, Mo., read a very interesting paper on "Higher Education" as related to the nurse.

On Thursday, October 4, Senator Solen Gilmore, one of Missouri's able lawyers, gave us a helpful talk on "The Best Way to Present the Bill to the Legislature."

The following officers were elected: President, Mrs. M. E. Gibson, superintendent of the Jewish Hospital, St. Louis, Mo.; first vice-president, Miss Cora Bayless, Kansas City, Mo.; second vice-president, Miss Mary Charlesworth, superintendent Ensworth Hospital, St. Joseph, Mo.; recording secretary, Miss Clara Long, assistant superintendent Western University Hospital, St. Louis, Mo.; corresponding secretary, Miss Anna Belle Adams, assistant superintendent University Hospital, Kansas City, Mo.; treasurer, Miss Mary Stebbins, 465 N. Taylor street, St. Louis, Mo. Standing Committees.—(1) Legislative: chairman, Miss V. M. Porter, superintendent University Hospital, Kansas City, Mo.; (2) credentials: Chairman, Miss Nell. W. Crouch, 1106 Bales Avenue, Kansas City, Mo.; (3) elgibility: Chairman, Miss Mina Shipley, superintendent General Hospital, Kansas City, Mo.; (4) ways and Means: Miss Sara Whelpton, 3644 Botanical Avenue, St. Louis, Mo.; (5) press and publication: Chairman, Miss Mary Morgan, 1001 East Fourteenth street, Kansas City, Mo.

The convention adjourned to meet in St. Louis the second week in December.

ANNA BELLE ADAMS, Cor. Sec.

MINNESOTA.—The second annual meeting of the Minnesota State Nurses' Association was held October 9, in St. Paul.

Miss Caroline Seidensticker, chairman of the legislative committee of the Illinois State Nurses' Association, addressed the meeting upon legislative features of registration. It was felt the association was not quite ready to present a bill this year.

The meetings have been enthusiastically attended, and good work has been done the past year.

The officers elected for the coming year are: President, Mrs. Alex. Colvin, 623 Grand Avenue, St. Paul; first vice-president, Miss Mary Wood, 609 Baltimore Bldg., St. Paul; second vice-president, Miss Addie Knox, St. Luke's Hospital, Duluth, Minn.; secretary, Miss Marie R. Jammé, Visiting Nurse Comm., Court House, Minneapolis; assistant secretary, Miss Edith Rommel, 1502 Third Avenue South, St. Paul; treasurer, Miss Grace Holmes, 255 Prescott Avenue, St. Paul.

COLORADO.—The Colorado State Trained Nurses' Association held its fall meeting in Colorado Springs on October 9. The session was opened with a prayer by the Rev. C. B. Wilcox, D.D., after which Miss L. L. Hudson, president of the Colorado Springs Registry Association, gave the address of welcome, which was responded to by Miss L. L. Beecroft, of Pueblo, first vice-president. Mrs. C. A. Logan, accompanied by Mr. Sears, sang "When the Heart is Young" and "The Plains of Peace," and Mrs. Baughart gave a recitation entitled "Mr. Dooley and the Microbes." The visiting nurses were royally entertained by the local association at lunch, followed by a burro ride and drive up North Cheyenne Cañon, where refreshments were served.

NEW HAMPSHIRE.—On Tuesday, June 23, a special meeting of the Graduate Nurses' Association of New Hampshire was held at the chapel of the State Hospital, Concord. Miss Riddle, president of the Massachusetts State Nurses' Association, gave an address on "Why do we want state registration?"

Miss S. F. Palmer, editor-in-chief of the JOURNAL and president of the Board of Nurse Examiners for New York State, gave an address on "How to pass the bill." The addresses were of great interest and profit to all and received great applause.

Mrs. Streeter and Dr. Bancroft of Concord, and Professor Gile of Hanover, spoke in a very enthusiastic manner in favor of state registration of nurses.

Besides the nurses from all parts of the State there were present a number of prominent physicians and other persons interested in public affairs.

WEST VIRGINIA.—The first meeting of the Nurses' State Association of West Virginia convened in Charleston October 9 and 10. On the evening of the 9th Mrs. George Loundsbury gave an informal reception at her home on Washington Street. Refreshments were served and the evening was pleasantly spent in getting acquainted. All enjoyed this social meeting, or "ice breaking," and felt better prepared to work together in the coming business sessions.

The first business session was opened with prayer by Dr. Roller, of St. John's Episcopal Church. Dr. Roller also made a very interesting talk, retrospective of the nursing profession in the State, and the wonderful advance the profession has made in the past fifteen years. The proposed bill for registration of nurses to be brought before the State Legislature this winter, was read, discussed, and, after some changes, was adopted by the association.

At the afternoon session the Constitution previously adopted by the Kanawha branch was amended and adopted as the Constitution of the state organization. The question of the N. S. A. pin was then brought before the body, and it was unanimously voted that the pin should be worn by graduate nurses only. Charleston, as the most central point, was chosen as the place of the next annual meeting, in October, 1907.

Officers elected for ensuing year are: Mrs. George Loundsbury, of Charleston, president; Miss Gaule, of Huntington; Miss Bell, of Wheeling; Miss Crocker, of Bluefield; Miss Millikin, of Morgantown; Miss Dessell, of Wheeling; Miss McKay, of Paint Creek, and Miss Simmons, of Fayetteville, vice-presidents; Miss Virginia Joachum, of Charleston, state secretary, and Miss Margaret Miller, of Charleston, state treasurer.

In the evening a dinner was given at the Hotel Ruffner by the Kanawha branch of the Nurses' State Association in honor of the visiting nurses, after which an informal reception was held in the hotel parlors. At dinner some of the nurses presented Mrs. Loundsbury with a beautiful bunch of roses in expression of their appreciation of her zealous work as first president. Miss Schum, of Charleston, presented the flowers with a pretty and an appropriate little presentation speech, to which Mrs. Loundsbury responded in her own graceful manner. During the evening beautiful flowers with the following letter were presented to the members of the association by the Kanawha Medical Society:

CHARLESTON, WEST VA., Oct. 10, 1906.

West Virginia Association of Nurses:

In behalf of the Kanawha Medical Society we are pleased to contribute this small floral token of our high esteem of your noble profession, and ask that each of you be decorated with a portion of them, and that you may take this as a small evidence of our deep interest in the organization you are effecting. Our vocations are almost inseparable, and we naturally feel a lively interest in any proceedings or steps that will effect and keep a high standard of efficiency among nurses; and we feel that the state organization is a movement of great importance along these lines.

V. T. CHURCHMAN, President.
A. A. SHAWKEY, Secretary.

PERSONALS

KATE MCTAVISH, class of '98, Toronto General, has resigned her position in the hospital at Atlin, B. C.

MISS MALONEY, St. Mary's, Detroit, is now superintendent of nurses of the City Hospital, Jackson, Mich.

MISS EVA A. MACK, class of '97, St. Luke's, Chicago, has gone to the Saulte Ste. Marie Hospital to assist Miss Baxter.

MISS SHARPE, class of '95, St. Luke's, Chicago, has accepted the position of infirmary nurse at Kemper Hall, Kenosha.

MISS GERTRUDE MOORE, class of '04, Toronto General, has been appointed head nurse Royal Jubilee Hospital, Kenora, Ont.

MISS MAE MORSE, class of 1899, Illinois Training-School, is superintendent of the Grove House for Convalescents, Evanston, Ill.

MISS CROFT, a graduate of the New York City Hospital, has been appointed superintendent of the Virginia Hospital, Richmond, Va.

MISS ANNA L. ALLINE has returned from an extended trip through the West and is again at her post at Teachers' College, New York.

MRS. GEORGE MCPHERSON, (*née* Mary Kennedy), class of '86, Toronto General, has opened a private hospital in Rosedale, Toronto.

MISS GUIENDER, graduate of the Franklin Square Hospital, Baltimore, Md., has taken charge of the Retreat for the Sick, Richmond, Va.

MISS M. R. SMITH, of St. Luke's Hospital, New York (class '97), has been appointed directress of nurses in the Memorial Hospital, Richmond, Va.

MISS SHEPPARD, formerly superintendent of the Guelph Hospital, has accepted the position of lady superintendent of the Berlin-Waterloo Hospital.

MISS KATHARINE PRICE, of the Moses Taylor Hospital, Scranton, Pa., has been appointed superintendent of the Burnett Sanatorium, Fresno, California.

MISS MILNE, graduate of St. Mary's Hospital, Detroit, Mich., class of 1904, has accepted a position in Willard Parker's Contagious Hospital, New York City.

Miss Badenoch has resigned her position as head surgical nurse at St. Luke's, Chicago, and will be succeeded by Miss Tidlaw. Both are graduates of the school.

Miss Lilian Hazeman and Miss Elizabeth Meehan, graduates of Mercy Hospital, Chicago, class of '06, have gone to Rochester, Minn., to take positions in the Mayo Hospital.

Mrs. Mary Clyde, class of 1902, after four years of faithful work, resigned to accept the position of dispensary nurse in the Dental Department of the University of Minnesota.

Miss S. E. Williams, graduate of the Colorado Training-School for Nurses, Denver, Colo., has been appointed nurse school inspector by the Board of Education, and has entered upon her duties.

Miss Harriet Cook, graduate of the City Hospital Training-School, Minneapolis, Minnesota, class of 1900, was appointed night superintendent at the above institution, and assumed her duties September 10th.

Mrs. Nellie F. Crossland, former superintendent of nurses at St. Mark's Hospital, Salt Lake City, has accepted a position as superintendent of nurses at Dr. W. H. Groves' Latter Day Saints' Hospital.

Miss Mary Cleary, class of '02, Mercy Hospital, Chicago, for the past two years superintendent of nurses at St. Mary's Hospital, Brockville, Can., has resigned her position and taken up private duty in Chicago.

Mrs. MacMurchy, Elora (*née* Kate Southerland), class of '93, Toronto General, has removed with her family to Regina, Northwest Territories, her husband having received a position in the High School in that city.

Miss Katherine Macpherson, class of '91, Illinois Training-School, has given up the position she has filled for some years as lady superintendent at the General Hospital, Kenora, Ontario, and will rest for the present.

Miss Annie R. Young has resigned from the Watertown City Hospital to accept the position of superintendent of nurses at the Hospital of the Good Shepherd, Syracuse, N. Y., to fill the vacancy caused by the resignation of Miss Caroline Hill.

Miss Cora Overholt, who has been for eleven years superintendent of nurses at Hahnemann Hospital, Chicago, has given up her position and has gonē to her home in Ashfield, Ohio, to live. She will be greatly missed in nursing circles, where she has done her part with a quiet faithfulness which could always be depended upon. She is succeeded by Miss Nellie M. Crissy, a Hahnemann graduate.

The resignation of Miss Elizabeth Campbell Gordon, superintendent of the General Hospital, Kingston, Ont., has been accepted. The Board of Directors of this hospital have decided to return to the former system of having a medical superintendent of the hospital, and a superintendent of nurses for the training-school. It is altogether probable Miss Gordon will take up hospital work in the western part of the Dominion.

Miss Edna Louise Chambers, class 1901 Christ Hospital Training-School, Jersey City, N. J., has been appointed superintendent of the hospital.

Miss Grace Ellsworth, late of Wesley Hospital, Chicago, went to the far West to visit a friend, not to take charge of a hospital as stated in these pages in a recent issue.

Miss Henrietta McCarthy, class of '06, Mercy Hospital, Chicago, who has been visiting her home in Canada for the past two months, has gone to Savannah, Ga., where she has accepted a position as superintendent of nurses in St. Joseph's Hospital.

Miss Helen T. Kerwin, a graduate of Mercy, Chicago, class of '99, and superintendent of nurses at St. Joseph's Infirmary, Atlanta, Ga., for the past four years, has secured leave of absence for one year, and is now resting at Sacred Heart Sanitarium, Milwaukee.

Miss Lapsley, graduate of St. Mary's Hospital, Detroit, Mich., class 1902, is now in Presbyterian Hospital, Chicago, Ill., supervisor of surgical hall. Miss Lapsley was obliged to resign her position in Huron Street Hospital, Cleveland, on account of her father's illness.

Miss M. E. Brydon, graduate of Dr. Price's Hospital, Philadelphia, is doing district work in Danville, Va., and is much interested in establishing a lunch-room for the operatives who are working in the cotton mills there. A second nurse is shortly to take charge of Schoolfield, a mill district in the suburbs of Danville.

Dr. Li Bi Cu, a young Chinese woman who graduated last year with high honors from the Woman's Medical College, in Philadelphia, has been selected to establish a woman's hospital in Ngu Cheng, China, under the auspices of the Methodist Women's Board of Foreign Missions. During Dr. Li Bi Cu's medical course she spent two of her summer vacations at the Homœopathic Hospital in Rochester, where Miss Allerton gave her every opportunity to study hospital administration and nursing. Every department, from the bookkeeping in the office, the management of the kitchen, and the practical nursing work in the wards, she not only studied with Miss Allerton, but she did the actual work with her hands. She proved to be a gifted woman and a charming companion and made many friends who will watch her career among her own people with great interest.

MARRIAGES

In Silver City New Mexico, Gretta Belle Meuser, late of the Army Nurse Corps, to Sergeant Hugh G. Ott, Hospital Corps, U. S. Army.

In Scranton, Pa., July 19, 1906, Miss Bertha Umstead, class of 1903, of the Moses Taylor Hospital, to Dr. John C. Sillman, of Palestine, Texas.

At Cleveland, Ohio, on August 18, Miss Bessie F. Arnold, class of 1899, Illinois Training-School, to Mr. William Wright. Mr. and Mrs. Wright will live at Lakeside, Ohio.

In St. Ignace, Mich., September 27, 1906, Miss Helen Rhoades, class of '06, Mercy Hospital, Chicago, to Mr. John Wineberg.

At Windsor, Canada, September 18, Miss Minnie Hart, St. Mary's Hospital, Detroit, Mich., class of 1901, to Mr. J. G. Longworth. Mr. and Mrs. Longworth will live in Detroit.

At the Hospital of the Good Shepherd, Syracuse, N. Y., August 22, 1906, Miss Jennie L. Chesebrough, class of 1901, to Mr. Hammond F. C. Lightbourn, of Warwick, Bermuda.

At Shakespeare, Ont., September 24, by the Rev. Mr. McLaren, Margaret Christena Crerar, class of '03, Toronto General, to Archibald William Smith, eldest son of C. E. Smith, Toronto.

In Salt Lake City, Utah, September 4, 1906, Florence Dillingham, class 1904, Colorado Training-School for Nurses, Denver, to Dr. Edward W. Adamson. Dr. and Mrs. Adamson will live at Douglas, Arizona.

At her home, Vermillion, South Dakota, Dorothea T. Burgess, class of 1904, Illinois Training-School, to Mr. Frederick Thielbar. Mr. and Mrs. Thielbar will live in Chicago. Mrs. Thielbar was recently assistant superintendent at Wesley Hospital.

At the Manse, Gananoque, Ont., on the 19th of September, 1906, by the Rev. H. Gracey, father of the bride, Elizabeth Dorothy Gracey, class of '03, Toronto General, to J. Woodruff Banfield, assistant manager of the branch of the Royal Bank of Canada, in Havana, Cuba.

The Mt. Sinai Alumnæ announce the marriages of the following members:
In New York City, Miss May Morris to Mr. John B. Sheppard.
Miss Mabel M. Saxton to Mr. Martin J. Brown.
Miss Mary D. Oldright to Mr. Donald K. McWilliams.
Miss Sara Tenney to Mr. Eugene Fringe.
Miss Kate Dowling to Mr. Robert C. McMann.

At Basseterre, St. Kitts, British West Indies, Miss Lillian Fewtrell to Mr. E. Thomas, of Berwick, Penna.

BIRTHS

At Chatham, Ont., on the 23d of September, a son to Mrs. D. H. Douglas (*née* Adda Gould), class of '99, Toronto General.

At Cold Spring Harbor, August 23, a daughter to Mrs. Frank E. Lutz (*née* Martha E. Brobson), University of Pennsylvania Hospital, class of 1902.

At Division Hospital, Manila, P. I., on July 18, a daughter to Mrs. William Tracy Page (*née* Lucile Flick), Army Nurse Corps.

OBITUARY

Miss Emma Theurkauff, a graduate of Toledo Hospital Training-School, 1903, died at the above hospital, August 8, 1906, after an illness of only a few days.

On September 20, after a short illness, Miss Jessie Sutcliffe, class of '95, St. Luke's, Chicago. Miss Sutcliffe had been superintendent of the Milwaukee County Hospital. Nurses who attended the meeting at Detroit may remember meeting her there.

At her home in Columbia, S. C., June 23, Mrs. A. Porter Haskell. Mrs. Haskell was Miss Loraine Smith, and a graduate of the Grace Hospital of Detroit, Mich., class of 1894. She was the first superintendent of the University Hospital Training-School, of Kansas City, Mo., and was an honorary member of the alumnæ association.

Miss Sophie Higinbothom, New York Hospital, '98, met with a tragic death at the club house on September 21, 1906. She fell with the elevator from the sixth floor and lived only a few minutes after she was taken from the wreck. Miss Higinbothom's family live in Bermuda, and her death is the first in a large family. She was staying at the club house while taking a week's vacation from her duties as assistant superintendent of nurses at the Brooklyn Hospital. Her charming personality had made her much beloved and her shocking death has caused the deepest sorrow.

HOSPITAL ECONOMICS COURSE

The Hospital Economics Course has opened its eighth year with eight students enrolled for the junior year and six from former classes enrolled as senior and graduate students, making a total of fourteen, as follows:

Junior Class.—Miss Martha Cretcher, Hartford Hospital, Hartford, Conn.; Miss Katherine Decker, Hamot Hospital, Erie, Pa.; Miss Anna G. Hayes, House of Mercy Hospital, Pittsfield, Mass.; Miss Nellie B. Hall, Butterworth Hospital, Grand Rapids, Mich.; Miss Flora King, Holyoke City Hospital, South Hadley Center, Mass.; Miss Ida Marker, City and County Hospital, Denver, Col.; Miss Edith Weeks, Illinois Training School, Chicago, Ill.; Miss Lillian Van Vasburgh, Maryland Hospital, Baltimore, Md.

Senior Class.—Miss Edith Ambrose, Miss C. J. Durkee, Miss Elizabeth Harcourt, Miss Anna Heilger, Miss A. J. Perry; graduate, Miss J. E. Jewell.

Changes made in the domestic science course of study always affect us somewhat. Those who have had the Teachers' College work will be interested to know that "Food Production and Manufacture" has laboratory work combined with it, covering the more simple qualitative tests formerly given in Household Chemistry, while Household Chemistry takes up quantitative work in its stead.

A course in chemistry and physics is prerequisite to the course in Food Production and both are prerequisite to Household Chemistry.

It can readily be seen that now the course in Food Production is just what we need and for the one-year work is most satisfactory. Then taking Household Chemistry in the second year rounds out that side of the question. The new course in Domestic Science directly supplies the dietary work. This surely is all we could ask and as much as there is time for, combined with the regular courses in Hospital Economics. Students registering for two years have Household Mechanics in the second year; if only one year is registered for, the course is taken without credit. One of the new class having a Normal School diploma

is entitled to a number of points credit and will be able to cover the two years' work in one year with the addition of the summer term of six weeks.

The special work given our class by Dr. Biglow in former years is now in the form of regular lectures and discussion one hour per week, counting two points credit for the year.

As biology is prerequisite, only members of the second-year class can register for it.

Since closing the year's work last June no money has been received for current expenses. The balance on hand to begin the new year was $369.61.

For the Endowment Fund, the following sums have been received:

From Miss Edith C. Huntington	$10.00
" Indiana State Nurses' Association	10.00
" Miss M. C. Wheeler	10.00

Total amount of the fund, $465.58.

The Michigan State Society reports nearly five hundred dollars collected for this fund. This surely is a most commendable piece of work. Others must soon come forward with such help if our work is to be put on a permanent basis.

ANNIE W. GOODRICH, Chairman.

THE GUILD OF ST. BARNABAS

THE Guild of St. Barnabas for Nurses held their twentieth annual council in Orange, N. J., opening on Wednesday, October 10, with a delightful reception at the home of Mrs. Wm. H. Williams, an associate, to meet the Bishops of Newark and the Bishop of Pittsburg, Chaplain-General. Badges were then distributed to the delegates, secretaries and chaplains.

A beautiful musical service was rendered in St. Mark's Church, W. Orange, at 8 o'clock in the evening, the preacher being the Rev. Alex. Mann, rector of Trinity, Boston, and late chaplain of the Orange Branch. Taking the motto of the guild for his text, he made a strong protest against commercialism among the nurses, urging a greater love towards the suffering poor, recognizing the call to each as "one whom his Lord loves," and being more ready to respond, even as He rejected none who came for help. On Thursday the day opened with the celebration of the Holy Communion, at Grace Church, Orange, nearly 100 being present. A breakfast was afterwards served in the Parish House adjoining, to which all were invited, and immediately following the entire party entered the waiting conveyance and were driven up the beautiful orange mountain to Shenactos Lodge, the home of the General Secretary. The rooms in which the business services were held were tastefully decorated in orange and white bunting, orange-colored flowers and asparagus fern. At 1 P.M. those assembled were the guests of Mr. and Mrs. Wm. Read Hone at a luncheon which left nothing to be desired, the serving being expeditiously managed by thirty waitresses all in white with bows of orange satin ribbon in their hair. The conclusion of the business meeting was followed by a refreshing cup of tea, which never comes amiss after the amount of talking which is always necessary to settle the affairs of the association for the coming year. The invitation of the Washington (D. C.) branch was accepted for next year, being in the proximity of Richmond,

whereby the general convention can be combined with the more humble guild council. Miss Smory, of the Church Missions House, made an eloquent appeal for nurses in the mission field giving a clear, practical idea of the kind of nurse required and the kind of work she would find waiting for her. For three years past the guild has paid the salary of a nurse in the Philippines and now wishes very much to do the same for a nurse who will offer for Alaska or other chosen field. Souvenirs of an "Indian" character, from the associations of "Shenactos Lodge," were distributed to over 250 guests and members, and in the evening souvenir programmes will serve to show to others not able to be present a little of what took place and where. In the evening at Grace church a final gathering took place to listen to papers that had been prepared touching upon the work that the guild had done for others, what it did for itself, its own members, how its influence might be brought to bear on all the phases of a nurse's work and life, and what it still might accomplish in maintaining its own integrity and simple purpose and deepening the lives of all who were attached to it. Two papers on tuberculosis work were also read and kindly, helpful words from Bishop Sims, of Newark, and Bishop Cortland Whitehead, of Pittsburg, concluded one of the brightest and happiest of our yearly meetings.



Fresh Air at Night.—Dr. Jacobi, as quoted by the *New York State Journal of Medicine,* says: "A grave danger to adults and children, mainly the latter, are our bed-rooms. Indeed, my friend Biermer, late professor in Zurich and Breslau, called tuberculosis a bed-room disease. With what right? A baby is at least sixteen hours a day in that narrow, confined, airless, windowless bed-room; a child at least ten or fourteen hours, the greater part of its young life. The air is the reverse of what it should be to protect blood formation, circulation and digestion. What can be done to improve it to a certain extent? Some window should be open all night and day. If there be none in the bed-room there is one in the adjoining front room or the kitchen at the rear."

Composition of Ice.—The *Journal of the American Medical Association,* in a synopsis of a paper in a French medical journal, says: "Sacerdote has found that as water freezes slowly all the impurities are pushed away from the part first freezing. The center of a cake of artificial ice is generally opaque, while the part first frozen—the outside—is generally clear. Whatever the character of the water used, the water obtained by melting the outer, clear parts, is almost perfectly pure, while that from the central, opaque part contains the impurities. The bacteria do not escape this law," he adds, "but will be found congregated in the central part of the cake."

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

A Nurse's Handbook of Medicine. By J. Norman Henry, M.D., clinical professor of medicine, Woman's Medical College of Pennsylvania; assistant physician, Philadelphia Hospital; physician to out-patient department and lecturer to nurses, Pennsylvania Hospital. Philadelphia and London: J. B. Lippincott Company.

This subject, which has hitherto received attention of a very meagre quality in from one to two or three chapters in handbooks of nursing, is admirably handled by Dr. Henry and has made matter for a book which has long been in demand. Its two hundred and sixty-eight pages, comprising the substance of lectures given by the author to the nurses of the Pennsylvania Hospital, contain much carefully-selected general medical information for nurses, for the most part digested from the best standard textbooks of the day, largely supplemented, however, by the author's own experience. Dr. Henry ought to have the thanks of the whole nursing body, who in turn are to be congratulated that they now have the satisfaction of consulting a book on the practice of medicine from the nursing point of view. The book may be roughly divided into two parts, the first, comprising about half of the entire work, being devoted to general information concerning subjects which enter into the consideration of medical cases—Course and Termination of Disease; Study of Excretions; Temperature, Pulse, Respiration; Hygiene; Treatment of Fevers; Technique of Baths, Packs, etc.; Hypodermics. The second half of the book takes up various diseases, notably those which offer to nurses the greatest opportunity for exercising skill in their own profession.

One feels sure that in the author of the Handbook of Medicine nurses may count on a staunch friend to the profession at large, a friend who sympathizes with our desire to keep ourselves well in line with the advancement of the world and one who recognizes that, to accomplish this, we must have good schools and good books. Indeed, he gives a special word of warning against the short-course theoretic schools at

the end of a well-meant little sermon on ethics which he slips in by way of introduction.

We wish Dr. Henry's book the successful career it deserves.

ECZEMA: A consideration of Its Course, Diagnosis and Treatment, embracing many points of Practical Importance, and containing 146 Prescriptions, illustrating Dosage in Local Applications. By Samuel Horton Brown, M.D., assistant dermatologist, Philadelphia Hospital, dermatologist, Southern Dispensary; assistant dermatologist, University Hospital Dispensary. Philadelphia: P. Blakiston's Sons.

This little book with its long sub-title, which is almost a synopsis of the book and gives one an impression of being something left over from the seventeenth century, is by this feature calculated to mislead. It turns out on investigation to be a most up-to-date little volume. Taking up a subject as unpopular as it is prevalent, and writing of it with exhaustive minuteness, the author claims for his work no new discoveries, but expresses his belief that the subject as here treated in a special and individual manner is more likely to attract attention, and also by being conveniently concentrated will save those who consult its pages from the loss of time entailed by following the subject in some of the larger works on general medicine.

THE HEALTH-CARE OF THE BABY: A HANDBOOK FOR MOTHERS AND NURSES. By Louis Fischer, M.D., author of "Infant Feeding in Health and Disease"; "A Textbook on Diseases of Infancy and Childhood"; attending physician to the Willard Parker and Riverside Hospitals; former instructor in Diseases of Children, at the New York Post Graduate Hospital. New York and London; Funk and Wagnalls Company.

This work, excellent of its kind, is not in the class of textbooks for nurse training-schools, being, as its title indicates, destined to become the strong staff in the hand of the young mother who seeks to drive from her nursery those foes to infant well-being which are supposed to creep in after the fairies, good and ill, have had their say over the cradle. The mothers will hardly be allowed to monopolize the book, however, as it is just the kind of a handy little volume that one is likely to find useful in infant feeding or the feeding a child with delicate digestion. Not a cumbersome book, easily slipped into a small space, and written with the style of a master, in spite of its slender caliber holding the interest and commanding respect.

HOSPITAL AND TRAINING-SCHOOL ITEMS

THE S. R. Smith Infirmary is to have a new building for the nurses, the gift of Mrs. George Farrar as a memorial to her husband.

THE State University of Iowa City, Iowa, recognizes the training-school for nurses of the University Hospital as a department of the University.

THE nurses of the Elliot Hospital have turned over to the trustees for general running expenses about $750 cleared at a lawn party given early in September.

THE Paterson General Hospital has put up an additional building which was found necessary to meet the requirement of the increasing calls for more room for patients in that busy centre.

THE addition to the Orange Memorial Hospital, which embodies all the modern improvements, and will greatly add to the efficiency of the work of the nurses, and the comfort of the patients, as well as their increased number, is nearing completion, and will be opened with appropriate exercises about the beginning of November.

THE Minneapolis City Hospital has established a preliminary course for pupil nurses which is conducted by a Senior nurse under the direction of the Assistant Superintendent of Nurses. An outline of the working plan covering four weeks is printed in a convenient leaflet. The course follows practically the plan recommended by the New York State Education Department.

THE graduating exercises of the School for Nurses, Toronto General, took place October 19. The class of 1906 is as follows: Mary Emma Young, Bradford, Ont.; Lillian Rowntree, Thistletown, Ont.; Sara D. Livingston, Point Edward, Ont.; Amy C. D'Espard, Toronto, Ont.; Alice Budge, Port Hope, Ont.; Mary E. Switzer, Rannoch, Ont.; Mary A. Husband, Oakville, Ont.; Janet Scott, Malvern, Ont.; Mary F. Galbraith, Bowmanville, Ont.; Jean McTavish, Napier, Ont.; Lillian E. Bate, Scotch Block, Ont.; Claire E. Avery, St. John's, Newfoundland; Margaret A. McCreedie, Niagara Falls, Ont.; Florence H. Jones, Belleville, Ont.; Carrie L. Cherry, Bowmanville, Ont.; Lottie E. Lawson, Sackville, New Brunswick; Ida May Irene Freeze, Doaktown, New Brunswick; Jean M. Kniseley, Port Colborne, Ont. The following nurses obtained prizes:—Lottie Lawson, first prize; May Freeze, second prize; Amy D'Espard, Emma Young, Lillian Rowntree, third prize. General Proficiency, Practical Nursing.—Ida Freeze, Emma Young, first prize.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS ENDING OCTOBER 13, 1906

BAMBER, ISABELLE MAY, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

BARKER, MARY C., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

COPE, ANNETTE, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

DAVIS, ANNA L., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

DENAHY, MARIE, graduate of Thrall Hospital, Middletown, N. Y., 1898, post-graduate course in General Memorial Hospital, New York City, 1899, and four years in the H. W. Manhattan Eye and Ear Hospital; appointed and assigned to duty temporarily at Fort Sheridan, Ill.

DUNCAN, ADELAIDE, graduate of French Hospital, San Francisco, 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

EDWARDS, CATHERINE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

HENSEL, JOSEPHINE, graduate of the McKeesport Hospital, McKeesport, Pa., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KEOGH, MARY E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

LINDLEY, LAURA L., under orders to sail from San Francisco to the Philippines on October 15, for duty in that division.

REED, MARGARET, graduate of French Hospital, San Francisco, 1906; appointed and assigned to duty at the General Hospital, San Francisco.

SELOVER, CLARA M., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

SMITH, CATHERINE, transferred from the Division Hospital, Manila, to the Post Hospital, Fort William McKinley, Rizal, P. I.

WHITE, CLARA BELLE, under orders to sail for Philippines from San Francisco on October 15, for duty in that division.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | DECEMBER, 1906 | NO. 3

EDITORIAL COMMENT

CHRISTMAS

THE holiday season is a time for retrospection and anticipation, often bringing sadness and happiness so nearly together that it is verily a mixture of tears and laughter.

To one who has been more or less in touch with nursing and nurses for a quarter of a century, the year just closing seems peculiarly eventful and significant. Not since the beginning of a system of education for nurses in this country have we been so unsettled; not since that beginning have we had so much occasion for rejoicing, nor so much occasion for discouragement.

We have been standing in the limelight of medical criticism, a position extremely trying, but one which we aim to meet courageously and without flinching.

That a part of this criticism is fair and just we acknowledge, but there are certain phases of the criticism which we feel keenly to be unjust, and as women who are intrusted with grave responsibilities, we claim the right to a certain amount of freedom in choosing between what is right for the patient and official subordination to the medical profession. That the right of the patient is often obscured by this official subordination we believe to be the hinging point of a large proportion of this criticism, a condition which, met reasonably by both professions, would clear the atmosphere and give all concerned the harmony which is absolutely essential to the welfare of the sick.

We believe this phase of nursing affairs to be a transition state due largely to the eternal struggle between man and woman. We believe that so long as nurses are taught that the patient's welfare and

comfort are secondary to medical research, just so long will this struggle go on. The first question to be settled is, where the fault for this teaching lies.

We have the warmest friends in the medical profession—men who recognize our faults while giving us full credit for our work and our aims; men who have helped us in the past and will help us in the future to work out our own salvation, which is all we ask. Reversing the picture, we find such warm appreciation of our work by the world at large, which includes the medical profession, that we find occasion for much Christmas happiness.

The appointment of one of our distinguished women to a chair in Columbia University, the appointment of a nurse as Inspector of Training Schools in the State of New York, the great position created by the alliance of Bellevue with five other hospitals, all confirm the growing recognition of the value of our training, and encourage us to continue our endeavor to hold to what we feel to be right.

The JOURNAL rejoices in the addition of many hundreds of new subscribers during the past year, and extends to both old and new friends the warmest Christmas greetings; congratulations to those who are fortunate enough to enjoy the holidays with friends and family, and sympathizing thoughts for those who must deny themselves that cherished privilege.

May the new year give us all courage and strength to do honest work in the sight of all men!

NURSING EDUCATION: MEDICAL TEACHING

IN the discussion of the subject of nursing education and the defects in teaching methods in training schools, we come next to the place that physicians have occupied in the training of nurses in the first decade of our history. What we shall say is not intended to be in the nature of condemnation, but our endeavor will be to show, if possible, how the instruction given by physicians has been unsatisfactory in its results, because of a lack of a practical working knowledge of the subject, in just the same way that much of the teaching done by nurses has been unsatisfactory, because of the improper preparation of the teachers for this department of work. We have been passing through a pioneer and experimental period. There has been earnest, conscientious endeavor, but the fact that the results have not been more satisfactory would seem to be almost conclusive evidence that much of the teaching has been defective.

Speaking from our own personal experience, we think the generation of physicians who were the ranking officers of the hospitals where training schools were first started were better grounded in what we will call nursing principles than the physicians of to-day. The Lectures which were given in those early days, as we recall them, and as we refer to our notes taken at that time, were of a simple, practical nature. Perhaps we might say that thirty years ago medical men of note were not so truly scientific as those of the present time. They taught those first classes of pupil nurses the practical application of certain medical principles that were to be applied to nursing, without going very deeply into the purely scientific side of the subject. They were accustomed to dealing with a class of women who were lacking in education, and in long years of both private and hospital practice had been satisfied with a very limited amount of coöperation in the care of their patients, doing themselves much that is now done by nurses. Medical science has made great strides during this period. In fact, the whole field of aseptic surgery and bacteriology has developed since that time. Medical colleges have changed their methods of instruction, and the most ordinary student graduating to-day is more highly versed in the purely scientific side of medical practice than the most noted men were at the period of which we speak. The pendulum has swung to the other extreme in the medical teaching of nurses. We find the majority of physicians to-day lecturing to the pupils in the training school as they would lecture to medical students, using the same technical terms and requiring in the final examinations, which they usually conduct, that the pupil shall be able to answer the same class of questions which medical students are required to answer.

Referring again to the conditions existing in New York State, it will be remembered that at the time of the first full examinations which were held at the expiration of the term of the waiver, the Board of Examiners, in order to reach some understanding of the kind of questions which the nurse had been called upon to answer in the last set of finals, sent to the registered schools of the state, at that time eighty-five in number, and secured copies of the finals used in the majority of the schools. Of course among these papers were many that were practical, but there were a great many which required a kind of knowledge which, we do not hesitate to say, was out of the province of a nurse, and which she should not have been called upon to answer, in order to secure her nurse's diploma. We give a few of the questions, gathered at random from these papers:

1. Describe treatment following laparotomy.
2. Give the principal constituents of bone.
3. What is the difference between a nerve fibre and a nerve cell?
4. How would you diagnose enterocolitis in an infant eight months old? Give general outline of treatment. What temperature would you have the water for an entercolonic douche?
5. How many kinds of heart-murmurs?
6. Give some positive differential diagnoses between a seven months pregnancy and a fibroid tumor.
7. Name and describe the heart sounds.
8. What is the average weight of the heart?
9. Do you consider appendicitis a surgical or medical disease?
10. Give symptoms of a floating kidney.
11. How is X-ray produced?
12. What do units, volts, and amperes represent?
13. Mention the kinds of pleurisy, and give the symptoms of each variety.
14. Name three diseases which may be diagnosed by blood examination.
15. Where is dysentery located, and how would you treat a patient?
16. Give some symptoms of Bright's disease. What is found in the urine in Bright's disease? What is found in the urine in diabetes mellitus? Is this a kidney disease?
17. What would you do in an emergency case as follows: patient has plethorgy, dropsy, cyanosis, dyspnœa, and a rapid, thready pulse?

We could go on for pages with questions similar, but we think that those we have quoted show quite conclusively that too much time is being spent in many of our schools in the study of purely technical medical questions. Not the nursing side of medicine, which must be taught, and has always been taught, but subjects that have practically nothing to do with the nurse's duties, and which are not necessary for her intelligent coöperation with the physician, in carrying out his instructions.

The criticisms which are being made so generally that nurses are being taught too much medicine and not enough nursing, we think are perfectly just, when we consider that scores of nurses in one state have been obliged to answer such questions as the above in order to secure a diploma in nursing.

In the last examination, nurses taught under these same conditions, when called upon to answer such practical questions as will follow, showed an entire lack of instruction on subjects of practical nursing. We give only a few of these questions, to illustrate what we mean:

Q. What function does food perform in the body?

A. Food is taken to build up repair and to circulate the heart. Blood, fat, and muscle perform in the body. Food satisfies the lungs.

Q. Mention the chief forces of proteids in our food supply?

A. Sulphate of lime, built up the brains. Chief sources of proteids produce heat and muscle. Potatoes and all vegetables, cereals, starches, fats, milk, water,

are all mulsifying, by the action of pepsin, hydro-chloric acid, etc. Fat, alkaline, lime, are found in food supply. Proteids are obtained from meat stuffs.

Q. Mention the objections to a strictly milk diet?

A. Milk is indigestible, is the reason some persons cannot digest milk.

Q. Give the uses of water in the body?

A. Help to mulsify solids and go to make up bone.

Q. Describe in detail the preparation of a kitchen in a tenement house for a surgical operation?

A. No good doctor or operating surgeon would think of performing an operation in the kitchen of a tenement house, while there are good hospitals and nurses within easy reach.

The majority of applicants answered this last question exceedingly well.

Q. What is necessary for the growth of bacteria?

A. Air. They grow better in well babies than in sick babies.

And another to the same question: "They grow by division, and multiply by two." Still another: "Bacteria grow by addition, sub-division, and multiply by throwing out spores and breaking down of the tissues."

We refrain from giving more of these questions, as these are surely enough to illustrate our point. Forty out of sixty-six applicants passed at a general average of 75 or over.

That we need a new order of things in teaching in our schools goes almost without saying. Men who are to teach subjects purely medical should be required to show some fitness for this work, and be paid for their services, so that they will be justified in giving preparation to their subjects, and can be called to account by the school authorities if the work is unsatisfactory, or if the service is not promptly and efficiently rendered. This will seem like heresy, perhaps, when we consider the time which has been given, and the really earnest and conscientious work which has been done, by members of the medical profession, and which are still being given and done, gratuitously, all over the country. We need text-books prepared by physicians and nurse teachers in collaboration, in which the practical application of certain medical principles to nursing may be clearly defined and taught without the spending of so much time and study in aimless wanderings into the medical field. The advance in medical science calls for a broader and more intelligent understanding of medical principles on the part of the modern nurse, but these principles should be taught in their application to nursing, and not as in the practice of medicine.

We have reached a point in our development when all parties con-

cerned recognize this fact, but we have not yet succeeded in threshing out a system of instruction by which the purely medical side of nursing shall be taught efficiently and practically by physicians, and by which the strictly nursing principles shall be taught by nurses efficiently trained to teach. This seemingly chaotic condition is really a very hopeful state to have arrived at, because, having discovered that there are defects, and being all agreed that the remedy must be found, a practical solution of the whole broad question will now gradually be worked out. As we have said before, the responsibility for our unsatisfactory state does not rest entirely upon nurses themselves; nor does it rest entirely upon the hospitals that have maintained the schools, or upon the members of the medical profession, who have been largely the teachers. It is a responsibility distributed among these three groups of people, and will not be solved by a shifting of the burden from one set to the other, or by bitter criticism or scornful censure of the efforts and motives of either party. Medical men must be willing to coöperate and drop their attitude of arbitrary dictation in the matter of nursing education. Hospitals have a great responsibility, and nurses themselves must carry the heaviest part of the burden.

Realizing the great defects in the teaching of strictly nursing subjects by nurses, the American Society of Superintendents of Training Schools for Nurses established, some eight years ago, the course in hospital economics at Teachers' College, Columbia University. The cost of maintaining this department at Columbia has been borne by the nurses of the country, the superintendents of training-schools, graduates on private duty, and organizations, contributing, year by year, a stated sum of money, the great nursing body in this way endeavoring to improve that side of the teaching of nurses in training, for which it feels responsible. We think it may not be amiss to suggest that with the importance of the place which all agree nurses are coming to occupy more and more, in all departments touching the health and welfare of the human race, medical colleges might well establish a department where physicians will have an opportunity to study the whole broad question of modern nursing, and its relation to the practice of medicine, or, what might be better still, that the course of hospital economics at Columbia might be so broadened and developed as to include physicians. Bringing together the two groups of teachers in one school would certainly be a most effective way of solving some of the problems of the teaching of nurses.

We are printing in this issue the examination questions used by the North Carolina Board of Examiners at the last examination. North

Carolina has a mixed board, composed of two physicians and three nurses. In this examination, the subjects of Anatomy, Physiology, and Surgical Nursing are those of the medical examiners.

THINGS THAT HAVE BEEN FORGOTTEN

ALMOST all people begin the new year by making some resolutions. Possibly many of these resolutions are forgotten as soon as made, but doubtless many carry with them the memory of better intentions, at least, for a long time. As we find ourselves nearing this period, when the new leaf is to be turned, we want to make a few very gentle suggestions to our readers and contributors in regard to their duty to the JOURNAL in the coming year.

Each fall brings in a set of new officers to the associations. Presidents and secretaries, new to organization work, are brought more or less into touch with the JOURNAL office. There are certain instructions which the retiring officers should give to those succeeding them, which would save embarrassment and annoying mistakes, both to the newly elected officers and to the JOURNAL. The fact that reports of meetings should be sent in at once, that there may be no mistake about their being received in time for the next issue, is perhaps the most important of the things we shall mention. These reports must be brief, must be written on one side of the paper only, and must be signed with the contributor's name and address and the date added. Personal items about the members of the organization, with marriage and death notices, should also be sent promptly, and all contributions should be in the hands of the editor-in-chief at Rochester before the 12th of the month, when possible, and not later than the 16th in an emergency. The pages of the JOURNAL close absolutely on the evening of the 18th preceding the date of issue.

The fact that it has been decided by the JOURNAL management not to publish formal obituary notices should also be explained by the retiring officers, and when it is proposed by some uninformed member of the association to send resolutions to the JOURNAL, the reason for not publishing such resolutions should be explained to the member. This will need to be done over and over as new members and new officers come into the society. The reasons for this decision are fully stated in the April number of the JOURNAL, and need not be repeated here.

Then the fact that the JOURNAL is the official organ of the Nurses' Associated Alumnæ, with which all of the organizations are now affiliated, should be each year brought to the attention of the members, and the obligations of the profession to this organ be explained. It is only

in this way that the younger members can be educated to realize their responsibility to the JOURNAL, and to take an interest in its financial welfare and its professional development.

We feel as the year closes that there are many and special reasons why the members of the nursing profession should feel proud of their magazine. It is, first of all, backed by nurses' capital, it is edited by nurses, the business management is in the hands of a nurse, and its directors are all nurses. It wields a tremendous influence in nursing affairs the world over, and is quoted from constantly by nearly every nursing journal that is published, whether professional or commercial.

There has been an unusual amount of interest displayed, especially by the State Associations, in the development of the JOURNAL during the past year, and the result has been a very great increase in the subscription list, which means a broadening of the JOURNAL'S educational and professional influence throughout our country. The mission of our magazine is educational. The financial management is developed, that its field of usefulness may be broadened.

The closing year of 1906 has been one of exceptional prosperity. The future has never seemed more brilliant. When those pioneer workers in the JOURNAL'S field shall, in the course of natural events, relinquish its management into younger hands, the seasons of anxiety and the periods of doubt and of hardship will have passed, and the JOURNAL will be established upon a basis so firm that its professional expansion can go forward without financial restrictions.

THE NURSING HISTORY

THE two years and more which have gone by since the announcement was made in the JOURNAL that Miss Nutting was preparing a History of Nursing have seen a vigorous growth of interest in the subject of past history. Nursing associations in all parts of the country are gathering material and making studies in the history of nursing, and it is currently supposed that at least one other person, and probably two, have, since Miss Nutting's announcement in these pages, planned to issue works dealing with the progress of the nursing art. We are glad to be able to announce that the book first projected by Miss Nutting will be published by G. P. Putnam's Sons, and that it is definitely promised to appear by next May.

During her entire professional career Miss Nutting has made nursing history a prominent interest. She is by nature and habit a lover and collector of books. She has gathered at the Johns Hopkins the

most interesting and complete library on nursing in existence, secured its future growth by a system of contributions from the pupils, and devoted to its uses a portion of a bequest which was left to be used in some way which would bring benefit and pleasure to the nurses. Miss Nutting devotes about half of this income to general standard works, and the other half to historical material.

The course of lectures which she gave at Teachers' College on nursing history has formed the basis and given the outline to the history. The collaboration with Miss Dock came about through the warm interest of the latter in the long-cherished plan, and the increasing magnitude of the labor required, which proved to be more than was compatible with the demands of an exacting hospital position. During Miss Dock's visit abroad, she searched the libraries of Berlin and Paris for historical material, and since her return has devoted the greater part of her time to the completion of the original plans. The book will be divided into three parts, whose contents will be, roughly speaking, as follows:

Part I.—The Nursing of Prehistoric Races; of Ancient Civilizations: India; Egypt; Greece; Rome; The Jews.

Part II.—Women Workers and Nurses of the Early Christian Church; The Monastic Nursing Orders; The Secular Nursing Orders, *i.e.,* the Béguines; The Sisters of Charity; The Knightly Nursing Orders; Famous Hospitals; Famous Nursing Saints; Romance and Story; Early Canadian Nursing; The Fifteenth Century; The Nursing Systems of Two Hôtels-Dieu of Paris and Lyons; The Dark Period of Nursing; Pre-Fliedner Movements of Reform; Kaisersworth and Deaconesses; Early and Later English Nursing; Pre-Nightingale Efforts.

Part III.—Times, Work, and Writings of Miss Nightingale; The Progress of Nursing in America to 1875.

The book will not continue its account later than 1875, and another volume is in contemplation, to deal with the modern period of organization.

NURSES AND THE RED CROSS

A MEETING of the New York Committee for the enrolment of nurses for Red Cross service was held at the house of Mrs. William K. Draper on October 19th. It was decided to enroll two classes of nurses for Red Cross service: the regular private nurses for field work, and hospital nurses for administrative work, the conditions of salary, health

certificates, etc., being identical for the two classes of workers. This will make it possible for many of the older women, holding positions at the head of hospitals or training schools, to enroll for Red Cross duty, and will insure to the Red Cross the service of trained executive heads if, in emergencies, temporary hospitals have to be established. By this provision also, there would be no age limit, as many of our most valuable workers, who would not feel physically able to give field service in emergencies, will enroll with the prospect of being able to serve the country as supervising nurses.

We think the coming year should bring great developments in the Red Cross work, and that it is a matter which nurses should take up with serious consideration in the organizations. The past year has been one of unusual calamity, and the Red Cross, even in the infancy of its reorganization period, has proved a boundless blessing. There should be no holding back on the part of nurses to identify themselves with the state organizations where they are living, that in case of either national or local calamity there shall be no loss of life or prolonging of suffering that is within a nurse's power to prevent.

Nurses wishing to enroll for service under the Maryland Board of the American National Red Cross may obtain application papers from the Hon. Henry Stockbridge, 75 Gunther Street, Baltimore, Md. It is advisable that a large number of nurses should be enrolled, for this service is necessarily one of emergency, and when called upon for duty many of those enrolled will be unable to respond on account of hospital or other binding engagements.

THE ARMY NURSE CORPS

We understand that it is becoming difficult to keep the ranks of the Army Nurse Corps filled, and we believe that until some changes in the army regulations have been effected, which will alter the nurse's social position in the army and give her promotion with rank, this condition is likely to increase. We believe there should be a great effort made on the part of the nursing organizations of the country, the Spanish-American war nurses leading, to bring about an amendment to the army bill which will give promotion with rank, with all the privileges which would entail, for nurses in the army. It would mean a great concerted action, and while the result might be disappointing, to some extent, as all of our work is where we must depend upon other bodies for coöperation, still such an agitation could not fail to produce some result which would be an entering wedge on the side of improvement.

THE SUSAN B. ANTHONY MEMORIAL

MENTION is made elsewhere in these pages of the memorial to Miss Susan B. Anthony, which is to take the form of a woman's building for the University of Rochester. Definite plans have now been perfected for carrying forward this work. It is hoped that the seventy-five thousand dollars which is to be raised will be largely contributed by the many thousands of women workers who have been benefitted, all unconsciously on their part, by Miss Anthony's efforts for the enlargement of opportunities for women. Leaving out entirely the question of political rights, Miss Anthony is recognized as the great leader in the movement which has improved conditions of women, and especially of working women, the world over. Miss Anthony was a believer in higher education for women. It was largely through her personal efforts that women were admitted to the University of Rochester. The Anthony Memorial Building is to be for the use of the women students of the University of Rochester, Miss Anthony's home city. The circular, found on another page, gives the names of the women who have taken the initiative in securing this memorial. No class of women in the world are benefitted more than trained nurses, from Miss Anthony's great work. It would be only fitting that the members of the great nursing body should contribute to this memorial.

The committee have arranged little subscription books, which make securing of subscriptions an easy matter, and the JOURNAL suggests that the matter be taken up by the nursing organizations, and that small sums be solicited for Miss Anthony's memorial. The Johns Hopkins Alumnæ have contributed twenty-five dollars to this fund.

ABUSE OF THE R.N.

THE first flagrant abuse of the R.N. has come to our knowledge, and we want to be understood as absolutely condemning the practice of nurses in lending their names to the endorsement of proprietory medicines of any kind. We have in our possession a letter of such endorsement signed by a graduate of one of the Brooklyn hospitals, who is the chairman of a membership committee of a state having registration. We think her alumnæ association and the state society of which she is a member should take this matter in hand, and that in all cases of this kind the offense should be considered sufficient ground for depriving a nurse of her registration certificate. A woman who lends herself to such practices brings disgrace on the whole nursing body.

THE NEW YORK INSPECTORSHIP

As a result of the New York State Civil Service examination for the position of inspector of training schools for nurses, Miss Anna L. Alline has received the appointment. Miss Alline was not the candidate recommended by the Board of Examiners, but her long connection with the course in hospital economics at Teachers' College, and the endorsement of the Dean of that college, gave her the ranking position in the examination.

This appointment is one of immense importance to the whole country. The New York law and the standards that it established have affected the schools of all the United States and Canada.

If Miss Alline rises to the occasion, New York will continue to lead. If she fails to appreciate the great opportunity that is before her, not only will New York State lose its leadership, but nursing education the country over will receive a setback from which it will not recover in many years.

While the JOURNAL appreciates Miss Alline's womanly qualities, it regrets that a woman with a record of greater achievement in training-school administration and leadership should not have been appointed to this position.

The result of the Civil Service examination in New York State demonstrates the inadequacy of the system when applied to nursing affairs.

A NEW TEXT-BOOK BY MISS McISAAC

MISS ISABEL MCISAAC is writing a text-book for first year pupils, which is to deal entirely with methods and technique, and which will be the first of the series of American Text-Books of Nursing to be published by THE AMERICAN JOURNAL OF NURSING COMPANY. The first volume will be published in the early summer. Miss McIsaac needs no introduction to the nurses of to-day. She has a world-wide reputation as a teacher of nurses, and in her contributions to the JOURNAL—"A New Cranford"—she has shown such an unusual "gift of expression" with her pen that, whatever other faults the book may contain, we are sure it will not be "dry."

A NEW KIND OF ORGANIZATION

ONE of the new lines of work which has developed during the year in its form of organization is the Nurses' Volunteer Benevolent Association, of Rochester, N. Y. This is, practically, a district nurses'

association, which has been organized and financed up to the present time by nurses. The first nurse was put in the field on April 15, and now, having demonstrated that such an association is needed in the city, the nurses are appealing to the general public for funds with which to carry on the work. Very great interest has been manifested by a number of the leading philanthropists of the city, and it is hoped and expected that the efforts of the nurses along these lines will be maintained through the coöperation of the general public. The association has a membership of in the neighborhood of eighty nurses, who have contributed either money or service, and the president is Miss Jeannie M. Wilson, whose address is No. 372 Hayward Avenue, Rochester, N. Y. We shall give in a later issue a detailed account of the manner in which this society has been organized.

NEW ALUMNÆ JOURNALS

The Alumnæ Association of the U. B. A. Hospital, Grand Rapids, Michigan, has published the first number of a very creditable alumnæ magazine, to appear quarterly. The editor is Miss May Simm, and the business editor is Mrs. Kate MacDonald. The Presbyterian Alumnæ of New York City have also started a journal, and the Alumnæ of the Hospital of the Good Shepherd, Syracuse, are considering ways and means of doing the same. We welcome all such magazines as being great forces in the education of nurses.

TO REVIEW THE FIELD OF STATE REGISTRATION

So great has been the demand for information bearing upon every side of the question of state registration for nurses that we have decided to begin in January a review of the whole broad subject. The bills that are now in operation will be reprinted in such form that they can be detached for more convenient use. Miss M. M. Riddle, president of the Massachusetts State Nurses' Association, will write the first of a series of papers to appear during the first half of 1907, her subject to be "Why We Need State Registration." How to pass a bill, the educational influences of State Registration, what it has already accomplished, defects in existing laws as demonstrated by administration, and other equally important features of the registration movement will be brought out. Among the writers already secured are Miss S. H. Cabanis, of Virginia; Miss Louie

Croft Boyd, of Colorado, and Miss S. F. Palmer, of New York. Other equally well-known leaders in the movement will contribute to the series. There will be reprints of the articles for sale, which may be had from the JOURNAL headquarters in Philadelphia.

WANTED

THE JOURNAL now wants in every city a bright, energetic nurse of pleasing address, who is capable of looking after the interests of THE AMERICAN JOURNAL OF NURSING during her spare moments.

We are appointing representatives all over the country for this purpose, and a prize of twenty-five dollars is to be awarded to the most successful, *i.e.*, to the one who sends us the highest number of orders. Five prizes of ten dollars each will be awarded to the next five most successful, and five additional prizes of five dollars each to the next five most successful. These prizes are in addition to the regular commission paid. No representative works for nothing; a commission is paid on every order received.

For instance:

For five	orders	we	pay	$2.50
" ten	"	"	"	5.00
" fifteen	"	"	"	7.50
" twenty	"	"	"	10.00
" forty	"	"	"	20.00

and so on in a like proportion.

The person sending the most orders is awarded the prize in the manner stated above. The orders may be *new* or *renewal* subscriptions, and as an inducement each representative is privileged to offer the December number *free* with every yearly subscription to begin with the January, 1907, issue.

The only restrictions are that all orders must be mailed on or before February 28, 1907, and cash, less commission, must accompany each order. Such orders to be sent to the Business Manager at the Philadelphia office, 227 South 6th Street.

The time is short, and the sooner those wishing to do this work begin, the more they may hope to accomplish. Write now for literature and order blanks. Our regular agents who are nurses may avail themselves of this offer.

A NEW CRANFORD: BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT

DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING

By ISABEL McISAAC

Benton Harbor, Michigan

PART SECOND

I. THE BACKSLIDE OF WILLIAM THE CONQUEROR

The time was when the backslidings of humans were considered solely from a moral standpoint, but we are beginning to find physical defects, environment, diet, and many other reasons, often very far-fetched, as excuses for the frailties of mankind. The exemplary conduct of William the Conqueror for many months lulled us into a feeling of security which was unhappily ill-founded. We had decided that his former riotous behavior was entirely due to his diet, and were prepared to argue at great length with the extreme vegetarians, who charge all the sins of mankind to meat (what a joyous season was theirs through the recent meat scandals!) and all man's virtues to vegetables.

Certainly Billiam is a living contradiction of the moral effect of oats. Soon after all the ploughing, harrowing, and cultivating was done, about the first of August, he showed his first premonitory symptoms of backsliding by making sudden sidewise plunges from automobiles, which he had seen daily all summer. I made a journey to town alone one day when he made several such excursions off the road. When we got home Euphemia and Friday were across the ravine, so I tied him and went indoors to divest myself of "go-to-town" clothes. Hearing wheels, I looked out, to see him wandering across the yard, his halter broken and dangling. Not knowing what else to do, I loosened one of the reins and led him back to his post—which did not at all suit his lordship—and again went indoors. Again hearing wheels, I ran out to find him eating sunflowers and threatening to overturn the buggy or break the wheels on the pear trees. The rein was broken. This time he positively declined any of my attentions, tossed his head and kicked at me, while he continued lunching on pears and sunflowers. Finally I was compelled to call to Euphemia, across the ravine, and the very minute she called "Billy!" in her most commanding tone he sedately walked back into the path with the most lamb-like aspect, as though nothing could ever induce him to misbehave.

About this time Tom, who had been learning to drive alone, went to town with some loads of apples. The first trip went off very happily, and the youngster was delighted with himself, but the next time everything went wrong, Billiam bolting at automobiles, pile-drivers, switch-engines, street-cars, and even bits of paper, until the poor child's arms were nearly pulled off and his face covered with dust and tears when he got home.

We were advised to get a certain kind of bit which pinches and hurts cruelly when a horse attempts bolting. It did not take long to discover that our rascal had evidently been acquainted with such a bit at some earlier period.

We drove to town one evening, Tom going on his bicycle, and on arriving at the railway crossing, which seems to be our doom, a sputtering, fussy little switch-engine came darting out of a freight shed, the fireman unfortunately opening his door to shovel in more coal just as the engine passed us. Billiam literally arose to the occasion; he reared so suddenly that he looked as high as the Flatiron Building in New York, to our terrified eyes. Euphemia cut him with the whip, but when he plunged forward the new bit gripped him, and at once, for the first time in his life, he began frantically to back, over the switch tracks, off the pavement, and into the cinders, while the other engines whistled wildly and every man and boy shouted at us as if they thought we didn't know we were going to be smashed to bits. How we got out without a scratch no man knows, but we did, and found Tom's scared white face waiting for us across the tracks.

After a solemn family conclave it was decided that Billiam's oats must be cut down, which was done, and, except for an occasional prance, we jog to town as peaceably as sheep. I am now experimenting upon my family to decide whether oatmeal porridge for breakfast will account for lost report-cards, running away from Sunday school, forgetting to brush one's teeth, and other juvenile shortcomings, but I am not yet prepared to publish the results of my investigations.

(To be Continued)

Joy and Temperance and Repose
Slam the door on the doctor's nose.

SEVENTEENTH CENTURY.

THE COMMON THINGS OF NURSING

By ADDA ELDREDGE
Graduate St. Luke's, Chicago

The title for this article was selected several months ago, and in the interval articles which have expressed the ideas I had in mind more ably than I am capable of doing have appeared in the Journal. However, I suppose originality is not expected, and repetition is unavoidable.

A great deal has been, and will continue to be, written on the subject of the nurse's vocation. Now and then there may be women who have had that "direct calling" which is the generally accepted definition of vocation, but in my opinion the majority of nurses are women who have entered the field of nursing to earn a livelihood. That many—let us hope the majority—have so exalted an idea of the profession, and such love for the duties, that they work as women must who desire to attain the highest, we take for granted.

Higher education for nurses is everywhere being discussed, and there can be little doubt that it will add much to the usefulness of those nurses who have the intelligence to understand that the higher the education and the more varied and extensive the knowledge at her command, the greater is the necessity that she understand the common needs of the patient, the welfare of those into whose homes she is received. We are called to those of all classes—the rich, those of moderate means, and those who make sacrifices to have us.

That we are called to nurse the sick is true, but that is not all. It falls to us, in many cases, to restore order to a disordered household, confidence to a terror-stricken family. Often it is the mother who is ill, and in addition to the extra work illness entails, there falls on some maid-of-all-work those duties the mistress has always performed, and to us the duty of seeing that this work does not become too heavy. Is it not better that if we err, it be on the side of friendliness towards the servants? Are we not all servants—differing only in the quality of our service?

We read many discussions these days on such trivial questions as the following: "Shall the nurse wear white or stripes?" "Shall she wash or only rinse the baby's napkins?" "Can she with dignity wheel a baby carriage?" Do not these questions resolve themselves into a question of personal dignity? What can it matter if the uniform is white or striped, if only it is clean and worn by an earnest, self-respecting woman? What difference to her if the servant's dress is similar? Now, as always, dress fails to make a lady. When it becomes

necessary to assure our patients that we are ladies, words will not avail; the very use of them will be an argument against us.

No book of professional etiquette can decide just what the nurse may do or leave undone; her own good sense, her kindness of heart, must decide. These seemingly minor points often make or mar the reputation of the nurse. Wiping the dishes now and then for a tired maid may be classed as nursing if thereby the patient is saved from worry. Cooking a meal for the family may be outside the province of a nurse, but in considering "common things" it is one a kind-hearted nurse may find necessary, or at least expedient.

We hear that some nurses "spoil their patients." The spirit which prompts such criticism is wrong; we are there to "spoil" the patient, if those little kindly attentions which are a matter of choice to the nurse, but which do so much to relieve the weary hours of illness, are spoiling.

The higher education, the greater knowledge of disease (its cause and prevention), the modern, up-to-date methods of treatment, a knowledge which embraces all branches of nursing, hospital and private duty, district nursing, housing of the poor, the treatment and prevention of tuberculosis, supervision of the public schools, the work of the Juvenile Court, all call for our warmest advocacy and support; but if we for one moment scorn the trivial details, the "common things of nursing," we become not a help, but a hindrance. Like the fox in the fable, we grasp for the shadow and lose the substance.

"Lo, now is come our joyful'st feast!
Let every man be jolly.
Eache roome with yvie leaves is drest,
And every post with holly.
Now all our neighbours' chimneys smoke,
And Christmas blocks are burning;
Their ovens they with bak't meats choke
And all their spits are turning.
Without the door let sorrow lie,
And if, for cold, it hap to die,
Wee'le bury 't in a Christmas pye,
And evermore be merry."

—*Withers' Juvenilia.*

HOURLY NURSING

By GRACE HOLMES
Graduate of the Wisconsin Training School, Milwaukee, Wis.

[Note.—In some localities the paid visiting nurse is called a visiting nurse, and a charitable visiting nurse is called a district nurse. Miss Holmes uses the terms in this way in this article.]

Visiting or hourly nursing is a comparatively new branch of the work, which is attracting wide attention and calling out many inquiries from nurses all over our country. The subject was touched upon ever so slightly at the Detroit convention, during the session which was devoted to discussing some ways of taking care of the families of moderate means for a price which they can afford to pay. The discussion was supplemented by a heart to heart talk among a few of us who were personally (and financially) interested in the work, while on that delightful steamboat excursion, than which there was not a more helpful and valuable session during the entire convention.

The fact that the editor of the Journal is asking for an article on this subject at this time convinces me that it is right and fitting to tell about the work just as it is, as the visiting nurses know it, and not as it appears to outsiders.

Much has been said about this work, both by medical men and by the people, as to its great possibilities for usefulness. Physicians are much of the opinion that a visiting nurse should be able to travel about in an automobile, or surely with a horse, at the end of two or three years of work, so great will be the demand for her services, and the remuneration. Yet when we had taken off our rose-colored glasses and really told each other facts rather than hopes, the interesting discovery was made that visiting nursing nets less profit to the worker than any other branch of nursing in which she can engage. Why this should be so, none of us could tell, though we searched diligently for a reason.

Some reasons come to me now, when I can take time to think, that I might have suggested then, had I gone to the convention with any idea that my little work was going to prove a subject of interest to any one else. My going to Detroit at all was a delight and honor thrust upon me by the all too appreciative association of which I am secretary, and consequently I left hurriedly, with only an idea of getting from, none of giving to, the convention.

I believe the reason for the lack of financial success in the visiting work is a very complex one. Perhaps one of the chief factors is the

heavy expense incident to doing the work. Ten per cent. of one's income (at least of mine, at the schedule of fees given on another page) is eaten up in car-fares and lunches. Boots and walking skirts wear out as if they were alive and had a grudge to pay off; aprons and shirt-waists, likewise. Hats look a fright in two months if they must be worn out, rain or shine. A good fur coat is indispensable in a cold climate, for nothing else will keep one from getting chilled through upon coming hot and moist from giving a baby's bath beside a kitchen stove. All these things make one's wardrobe a source of never ending expense, while to the usual room rent and other expenses of a private duty nurse must be added the board bill for fifty-two weeks each year.

Perhaps I have been putting the cart before the horse in telling first how our money gets away from us; if so, I will go on backward and tell how it comes to us, and possibly some reasons why more of it does not come.

It must be remembered that if there is not a real need for economy in a family, a regular private duty nurse is employed. This might be said to make competition on the one side, while on the other side we are actually and intentionally competing with the midwife, who will be doctor and visiting nurse in one for ten to fifteen dollars, and with the "experienced" nurse, of whom many of our physicians have a terror and a dread, but who will do the nursing, the housekeeping, and even the washing and scrubbing, for one to two dollars a day. Why pay a visiting nurse a dollar for two hours in the morning when this woman must be employed anyhow to do the housekeeping, and claims that she can do the nursing as well as any one? It requires education, and lots of it, to work up a demand for the services of a visiting nurse among the people.

The physicians are so accustomed to planning economy for their patients, and are so used to getting on with the help of the family and the neighbors, that they display a perfectly incredible facility for forgetting that a visiting nurse can be had. For example, one of our surgeons did a curettement recently with only frightened neighbor women for nurses—and he a man who is perfectly familiar with the work of the visiting nurse. Things went wrong, and later a nurse was called in. This, however, was an expense which the family could ill afford to bear, so a few days later it was suggested that the case be turned over to a visiting nurse to finish up. The family physician, who was not the operating surgeon, said disgustedly: "Those old women who call themselves visiting nurses are worse than no one at all." Upon being told that a trained nurse could be secured for that work, he expressed the greatest surprise and delight. "Why, if only

I had known that the other day when we did this operation!" Yet I had previously called twice upon that man and explained the work to him; and I verily believe that in six weeks he will have completely forgotten it. What is to be done with such a man? And there are scores of them. Yet, on the other hand, when once a physician has gotten thoroughly in touch with the work he never forgets it, and he makes constant application of it. I have taken care of six obstetrical cases in two weeks for the same doctor, though this is rare. The people, too, come back again and again. I have three babies in a number of families, and some six or seven families, related by marriage, in which I have assisted with every confinement that has occurred during the last seven years.

I might say here that about fifty per cent. of my work has been obstetrical, about thirty per cent. medical, and the balance surgical.

The ordinary day's work is very strenuous and consequently peculiarly exhausting. For example, during her morning call upon an obstetrical patient, the nurse gives enema and douche (p. r. n.) bath, changes bedding, combs hair, makes up the baby, of course plans diet, etc. Any nurse will realize that with this much accomplished, the hard work of the day is all done. About two hours have been spent. Of course the visiting nurse is a bit tired, and her back aches a little from bending so long without a rest, but time is money, and she hurries away to the next case, to begin the same work over again. This goes on as many hours as the work lasts. Everywhere, all the hard things are saved up for the visiting nurse to do, and most of the patients are on those back-breaking low beds (and when only a few visits are to be made it seems hardly worth while to resort to such helpful devices as the one suggested by L. M. A. in "Practical Suggestions" in the October JOURNAL). Again, we all know how fatiguing are the surgical, and even more so the obstetrical, events, occupying, as they are almost sure to do, a whole night between two busy days. The visiting nurse who has not her own comfortable home to go to for rest is a woman who has my keenest sympathy.

All this may seem to have a pessimistic note in it, but still I think the real truth should be known. I am not by any means a pessimist—quite the reverse—yet I am convinced that it is unwise for a nurse living alone in a city, and in a boarding-house, to try to do this work. A woman who is at home with her own people can make ends meet because expenses are lighter, and she has a comfortable place to go to after a strenuous day or night; and the greater freedom—for there are many half-days and about eighty-five per cent. of the nights—is worth financial sacrifice if one is tired of private duty.

There certainly is a genuine satisfaction in knowing that one will not be away many hours, and that dread of the telephone bell so familiar to us all is almost unknown.

Another attractive feature of the work is that the visiting nurse does not get the heaviest cases, and rarely a fatal one. This saves a great deal of wear and tear on heart and nerves. And yet, again, the visiting nurse carries much the same burden of anxiety that the physician does, and this all the time, for there are no free Sundays and holidays as there are in district nursing. Indeed, there is not an hour in the whole year, unless she leaves town, when the nurse is secure from a call. Every social engagement must be made with its "if," and should she go to the theatre, she is almost sure to find a call awaiting her return, and must exchange her "glad rags" for working clothes and betake herself to an "owl" car.

To refer again to the financial end of the work, upon which, in the last analysis, its success or failure depends (at least, from your landlady's point of view), there are few losses—and rarely over five dollars, when they do come, for all the bills are small, seldom over ten or twelve dollars being collected from one case.

For an odd visit here and there, a charge of one dollar is made. My own schedule I will give, simply because I find that it averages well with all others that I have seen.

Prepare for minor operation, and assist	$3.00—5.00
Assist during confinement	3.00—5.00
Assist physician with office surgery	1.00—2.00
Care for patient all night	3.00 ——
One daily visit after confinement, per week	5.00 ——
One daily visit for surgical dressing, per week	5.00 ——

Sometimes it is necessary to charge less than the minimum, though this cannot be done often, for there is no virtue (at least, I can see none) in working for less money than it costs to live. A great many visits could be made for fifty cents—probably more for twenty-five—and should some charitable society buy up a certain part of the time of a visiting nurse, so as to permit of this class of work being done, I am sure that it would be a great power for good in the community. By way of illustration: Four visits make a good day's work in busy times (and we have our dull seasons, just as physicians do). Should the work be done upon such a sliding scale of charges as to result in an arrangement of fifty cents a visit, two dollars will have been collected. One must be spent for room, board, laundry, and telephone service; twenty-five cents for luncheon

(hurriedly taken at a restaurant, between calls, and it is poor economy to eat too cheap lunches); at least five car-fares before finally reaching home. A balance of fifty cents is left. If only three visits were made, then what? Clearly the work cannot be done for fifty cents, to say nothing of twenty-five; and this means that a large class of people are still uncared-for, unless the nurse is partially salaried, and I do not know of one such. The visiting nurse is practically forced to do most of her work among people in what we call moderate circumstances, and even then I have still to meet the visiting nurse who does not have to make an occasional excursion into the private duty field to help out her income.

My records show work done in the families of grocers, dentists, street-car conductors, letter carriers, railroad men, barbers, clergymen, florists, credit men, and clerks of all kinds. This makes the work clean and pleasant, very different from much of that which falls to the lot of the district nurse, who, however, has the advantage of a sure income and shorter and fixed hours.

A few suggestions to one wishing to take up the work may be helpful. First and most important of all, no unpopular or unsuccessful nurse should attempt it. Personality is an important item, and even a more ready adaptability than will do for private duty. Get a little money saved up before starting, then go to those doctors who know you best and talk your plan over freely and frankly. Family physicians will help you most. Great surgeons and the specialists have little need of you. Get out a card with schedule of fees, also a circular letter, clear and lucid, so that the people will understand it, and send this freely to all kinds of people whom you know or know of. This is perfectly in keeping with nursing ethics, for you are introducing a new thing in your town and are simply announcing it.

Live, not necessarily in the centre of things, but on a good car line. Accurate and reliable telephone service is indispensable. Try to have the members of your local association talk about you and your work to their patients and to doctors. Get yourself advertised by your loving friends, if you can, and then arrange a cheerful and prosperous expression upon your face, and sit down and wait for cases (as a young doctor does).

When finally they come, be prompt, be conscientious, try never to leave a case until you are satisfied with your own work; then, having done your best, don't worry. Do not be too frank about owning that you are hard up. The common run of people are likely to measure worth by your financial success.

Occasionally post your card again to some physician who seems

to be forgetting you. Each field will have its own peculiar problems, and each nurse must work them out for herself in her own way.

Lest my frank statement of the problems of the work should deter any interested nurse from taking it up, I will say in closing that after seven years of visiting nursing I still love it and enjoy it. It is immensely interesting—indeed, fascinating; it certainly has great educational value, and it meets a real need. Were it more of a financial success, I think it would be difficult for anything less alluring than Cupid to tempt a visiting nurse from her chosen field.

THE TIMID NURSE

I HATE to go, and I hate to stay.
If I stay, I don't pay my way;
If I pay my way, I do not stay;
And then I'm apt, to my dismay,
To meet with folks who don't say "Good day,"
Because they are proud or too *distrait;*
And they feel that I am in their way,
Or don't do enough to earn my pay—
Tho' I work quite hard both night and day;
So I really think it does not pay
To be a trained nurse, any way.
But when I wait, I always pray
A case may come without delay;
And when it comes, altho' I may
Have waited long and many a day,
"I wish," is what I always say,
"They'd waited just another day."

"PROCRASTINATION"

RURAL NURSING

By L. L. DOCK

Not long ago, in the mountain region of Pennsylvania, I had an interesting glimpse of the mutual aid of country people in time of illness. The patient was an old man of eighty-three, quite a character, and well-known and respected in all the country round. His wife and grandchildren took the brunt of nursing (as they understood it) and all the housework, and every night, for nearly two weeks, the men of the community took turns in "sitting up." They seemed to arrange it among themselves, as one of the incidental obligations of neighborliness, and the family, to my belief, had no anxiety on the subject. Every night a different one appeared, until the round had been made, and then it began again, so long as the necessity lasted. The men were wood-cutters, mountain rangers, etc., and did their day's work as usual, coming on duty about nine o'clock.

Of course nursing in the skilled sense was quite non-existent; yet when the patient wanted anything or when anything needed to be done there was some one there to do it, and the results were really very good. These big fellows lifted and assisted the patient very gently and efficiently, restrained him when he was delirious, and gave medicines with a fair amount of regularity. Their presence gave a decided sense of security to the isolated family, and when they came in in the late evening they brought a certain fresh energy with them.

Alas, that in a mountain region of the purest and most delicious air there should be the same old fixed prejudice against open windows. All tight shut, some even nailed—such is the night habit of country dwellers. I would much like to know what the weird bogie is that inhabits the night air, but from the settled convictions of the people it might be something immoral. The boast of virtuous pride in times of sickness, "I never took off my clothes for two weeks," is often literally true in the country. It was true of the old grandmother. She would have considered it a heinous offense, quite incompatible with decent feeling, to have undressed and gone to bed while the old gentleman was ill.

But what a total, primitive ignorance of the true nature of illness! By day, all of the sympathetic visitors crowded into the little sick-room and sat close around the old man's bed. To have done otherwise would have been hard-hearted and unsympathetic. And, in fact, the patient liked it, and grumbled when the doctor forbade it because it made him worse. Then, when he was wildly delirious,

jumping out of bed and dashing the medicine to the floor, the old wife was shocked and puzzled at his unwonted behavior. "Ain't that too bad! I never did see father behave like that before!" and as soon as consciousness returned the old gentleman was remonstrated with for his obstreperous conduct.

Nature does many wonderful things, and after a comatose night, stertorous breathing, and pounding pulse; after a later night of delirium, Cheyne-Stokes respiration, picking at the bed-clothes, and various other such manifestations, she got this old gentleman of eighty-three finally happily out of bed, and sent him driving across the mountains.

NURSING IN OLD MEXICO

By OLIVE PURVES

Superintendent of Nurses, American Hospital, City of Mexico

The work and social standing of the graduate nurse are as yet but imperfectly apprehended by the public in old Mexico, and for this reason it is still an easy matter for the untrained and ignorant woman to find employment in caring for the sick. It is, at the same time, a good deal of a struggle for the educated nurse to obtain the professional and social recognition accorded her in her own country.

There are at the present time twenty-four graduate nurses doing private duty in the City of Mexico, three of whom are men.

Existing conditions in regard to the care of the sick are the inevitable result of the fact that for generations this responsible duty was relegated to women of the "Sairey Gamp" type—women of no education and of questionable habits and perhaps more questionable morals. Progress is being made, however, in the education of the public in this matter, though there are yet many families who will employ an unskilled woman and pay her the same price as that asked by a trained nurse—five dollars gold per day. The following incident will demonstrate how low are the standards.

The wife of one of the leading medical men of the city became interested in the widow of a plumber, and, wishing to aid the bereaved woman, suggested to her husband the propriety of giving the widow some nursing to do. The doctor in question consequently recommended his wife's protégée to a brother physician, who placed the woman in charge of an operative case. The day following the operation the patient questioned the nurse concerning her temperature, and was frightened nearly into fits when informed that it was 40 C.

(104° F.). The quasi-nurse reassured the patient by telling her that she "did not consider that *anything* of a temperature. Indeed," she went on to say, "my patients often have a great deal higher fever than that!" When the husband came home he also was very much alarmed, and insisted that the nurse verify her observation by taking the temperature again. Again it was found to be 40 degrees C. Later the doctor came, and could see nothing in the patient's condition to indicate so high a fever. He at once used his own thermometer, and found the temperature normal! Nobody concerned seemed to mind the fact that the nurse had made so grievous a mistake, as she was not only retained on that case but was kept busy with subsequent ones. The value to both doctor and patient of accurate and intelligent observation does not seem to be appreciated by any class.

For general work the private nurse receives five dollars gold per day. Contagious and obstetrical cases command from seven and a half to ten dollars, but it must be remembered that the cost of living is much higher here than at home, which more than balances the greater compensation for work.

If buildings and equipment can make a hospital, then does the City of Mexico boast of having one of the finest hospitals, if not the very finest, in the world. The new General Hospital is a model. It has accommodations for more than a thousand patients, with every provision for the segregation of all classes of patients. It has been in operation for not more than a year, and during the last few months has started a training-school for nurses, with an American graduate nurse as superintendent, who has also an assistant from an American training-school. The entire idea of preparing young Mexican women to be self-supporting is so new to these people that the work is peculiarly difficult. The early home training of the girls has not been such that they enter the school prepared to profit by the special advantages to be found there. The work must begin at the very foundation, and not only new habits of living and thought must be taught, but the old ones broken up and a totally new point of view substituted. Like all pioneer work, it is slow, and often discouraging and seemingly hopeless.

The American Hospital is older than the General, and employs graduate nurses to care for its patients.

A nurse sees much the same diseases here as at home. The one unique experience is in caring for true typhus fever, a disease almost unknown in countries where any attention is paid to sanitation and the most elementary principles of hygiene. While typhus and smallpox are about equally prevalent, the former is much more feared by

the natives. It is endemic, but cases are more numerous and serious during the rainy season than at other times of the year.

The onset of the disease is sudden, with alternate chills and fever, headache, distressing pains in the back and limbs, loss of appetite, sometimes vomiting, great prostration, restlessness and sleeplessness, the intensity of the infection making these symptoms more or less marked. Foreign physicians often find difficulty in making a positive diagnosis of the disease in its early stages, so nurses often have a good chance to watch its onset and early development. We have here at the American Hospital a typhus isolation ward, to which all cases are sent as soon as they are recognized. A special nurse is put in charge, and after that nothing is seen of the case until its termination.

In some ways typhus fever resembles typhoid. The appearance of patients in the second week of the former fever suggests the third week of the latter. The condition of the tongue, moist in the early stages, later becomes like the typhoid tongue, dry and brown, and often cracked. There is the same restlessness, sleeplessness, and delirium, or perhaps coma, or coma vigil. During the first week there is a general venous congestion of the face and conjunctiva, and a dull, apathetic expression. Retention of urine is one of the early as well as one of the latest symptoms. The characteristic "mulberry rash" appears from the fourth to the seventh day and is constantly present, varying in its extent, and appearing in irregular roundish patches, not unlike the eruption of measles. The pulse is feeble, the respiration shallow, and the skin clammy. The temperature rises rapidly after the onset of the disease, and reaches its maximum height between the fourth and seventh day, when it ranges from 104° to 106° F. For about ten days the fever remains steadily high, after which there are morning remissions. About the fourteenth day the temperature breaks, and may fall suddenly or the disease may terminate by lysis like typhoid. As may be supposed, this crisis is the time when the greatest watchfulness is necessary, and failure on the part of a nurse to realize the true condition may cost a life which would otherwise have been saved. The treatment consists mainly in an abundance of fresh, *clean* air, heart stimulants, intestinal antiseptics, and just as much good nursing as the most intelligent and conscientious nurse can give.

There seems no certainty as to the means of transmission of the contagion, though it is thought to be from the emanations from the skin of the patient, vitiating the contiguous air, and the bed and body clothing. A Mexican physician told me that the greatest danger for a nurse lay in the inhalation of the impure air, and on this point all

doctors seem to agree. Nurses and other attendants are enjoined to keep all doors and windows open, and, while keeping the patient in plain sight, to sit outside of the immediate confines of the sick-room. If these directions are faithfully followed, there seems but little danger to one nursing this terrible disease.

THE TRAINED NURSE IN THE PUBLIC SCHOOLS, AS A FACTOR IN THE EDUCATION OF THE CHILDREN*

By S. W. NEWMAYER, M.D.
Philadelphia

(Read at the meeting of the Medical Society of the State of Pennsylvania, held at Bedford Springs, September 11–13, 1906.)

Medical inspection in the public schools is not a new or modern innovation. As early as 1843, in Paris, the public schools were required to have a physician visit them, to inspect the buildings, and the general health of the children. And even ten years previous to this, a crude inspection was practised in the same city. In 1884, a more thorough system of medical inspection, with explicit duties for the physician, was inaugurated. This same year saw the dawn of the first systematic medical inspection in America, when the city of Boston employed fifty inspectors, each to have charge of a school district. Boston's excellent example was followed in 1895 by Chicago, in appointing nine inspectors, each in charge of thirty schools. In New York City, one hundred and forty-five physicians were appointed in March, 1897, to visit the schools daily. Since that time Philadelphia, Hartford, Milwaukee, Salt Lake City, Baltimore, and other cities have adopted similar inspections.

At first the principal object of the inspections was the detection of unrecognized cases of contagious diseases, by which means it was believed much could be done to prevent their further spread. Since, however, the scope of the work has widened greatly, and the benefits derived therefrom are numerous. For one to appreciate the value of the trained nurse in the public schools and as a factor in the education of the children, I must give a brief résumé of the benefits of medical inspection.

Of no small importance is the sanitary inspection of the public school buildings. About twice a year every school is inspected thoroughly as to its cleanliness, heating, lighting, ventilation, air-

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* Reprinted from the *Pennsylvania Medical Journal.*

space, etc. All defects are entered on a special report, and these are recommended to the Bureau of Education for its consideration.

Cases of contagious disease cannot remain long enough in the school-room undetected to do much damage. Thus epidemics of scarlet fever, diphtheria, measles, and chicken-pox are prevented. Children who are sick, apparently not sick enough to remain at home, but who ofttimes are in the early stages of a contagion, are excluded, and the harm prevented can never be estimated. Sore throats are immediately cultured, and diphtheria early diagnosed. Discharging ears following recovered cases of scarlet fever or diphtheria, and sometimes as virulent in spreading these diseases as the diseases themselves, are ofttimes detected and children excluded. Every child is personally examined for its vaccination mark, even though it presents a certificate for successful vaccination. This may seem strange, but there were found in the public schools of Philadelphia over three hundred children possessing such certificates from physicians, but who never had a successful vaccination. As the result of a conference between the Bureau of Health and the authorities of the Roman Catholic Church, the parochial schools of Philadelphia were gone over, to examine the vaccinations of the children. Of 36,300 children inspected, 1,700 were found never to have been vaccinated, or whose vaccination marks were of doubtful protective value. It is needless to picture what this means in preventing an epidemic of smallpox. By also having charge of the contagious diseases occurring in his ward, the medical inspector can systematically and closely follow the exclusion from schools and the return of the children from houses containing contagious diseases. There is also less likelihood of having unreported cases of contagious diseases, as in the case of no physician being in attendance on the case. You may think that children suffering from contagious diseases being sent to school occurs only among the poorer, uneducated classes. No, it is no uncommon occurrence in our best schools. It is not only the poor or careless parent that allows a child to undergo the strain of schooling without being in good health, but ofttimes grave defects of vision or hearing, adenoids, etc., are found in the children of the most exacting parents, due to their being unsuspected.

Besides the detection and exclusion of contagious diseases, of no small importance are the recommendations for treatment in all defects of vision, hearing, diseases of the eye, nose, throat, and skin, and orthopedic defects. By the correction of many of these defects, a dull, stupid child is transformed into a bright, keen, intellectual scholar, and the child assured a new and bright life. It has been

estimated in most cities where medical inspection is practised that twenty-five to thirty-five per cent. of school children suffer from defective vision. With medical inspection it is interesting to note the difference in the personal hygiene of the children. Cleanliness is impressed on them, and cases of pediculosis are sought out, and the clean child protected from a neighboring vermin-covered one.

With this résumé of the benefits derived, and a glance at the accompanying statistics of the work accomplished in Philadelphia by the medical inspectors, I desire to go more into detail of the work of that most important adjunct to medical inspection, the school nurse. Although Philadelphia has fifty medical inspectors, each in charge of a school district, we have but one school nurse. This nurse, Miss Anna L. Stanley, was kindly loaned to the city by The Visiting Nurse Society to show the great value of the trained nurse in this important work. In October, 1903, together with this trained nurse, I was detailed by Dr. Edward Martin, the director of The Bureau of Health and Charities, to begin a systematic medical inspection of one of the down-town schools. A large number of cases of contagious skin diseases, together with several hundred cases of pediculosis, were found. Most of these cases were treated by the nurse, and, at the end of four months, remarkable results were shown. The contagious skin diseases were eradicated from this school, and the number of cases of pediculosis was greatly reduced.

In April, 1904, the schools of the fourth section, five in number, were assigned to the nurse. A well-organized system was worked out and closely followed. The nurse visits the schools daily, three in the morning session and two in the afternoon. The medical inspector diagnoses and excludes from the school cases of contagion, and recommends for treatment children suffering from various ailments. Written instructions as to the disposal of each case, treatment recommended, or whether the case is to be visited by the nurse at its home, are left at the office of the principal. The nurse each day obtains from these offices the instructions. She follows up each case, and sees that the nstructions and recommendations of the physician are brought to a speedy and successful termination. In each school a small room is set aside for the work of the nurse. Here she has a drug closet and all necessary supplies. Where necessary she visits the homes of the children to give treatment and instructions and obtain the coöperation of the parents, thereby assuring success and more permanent results. Sometimes circumstances make it necessary for the nurse to personally take a child to the dispensary for treatment. These home and dispensary visits are made after school hours and on Saturdays. There are various problems to be solved in each case, and the nurse

invariably finds the remedy. The duties of the school nurse assure success to the work of the medical inspector in improving the health of the school children. She lessens the number of exclusions from the class room for minor contagious diseases. She sees that all excluded cases are placed under treatment as soon as possible, so there shall be the least possible loss of time from school and education. She treats those cases which would for various reasons receive no attention at their homes. The medical inspector recognizes and excludes from the school cases of contagion, and recommends for treatment children suffering from defects that hinder them in their studies. These cases may or may not receive the necessary attention, but, with the nurse, all uncertainty is dispelled.

The nurse can be used during the summer months, when there is no school, in the lessening of the great mortality rate among infants from summer diarrhea, due mainly to improper care and feeding. Again, she can aid materially in the campaign to lessen the number of cases and spread of consumption.

The following is a report of the work of the trained nurse in the schools of the Fourth Section:

	For the Year 1905	From Sept., 1905, to June, 1906
Schools visited	6	5
Scholars in attendance	6600	4800
Visits to schools	707	656
Old cases treated	6692	3863
New cases treated	1708	907
Total number of cases	8400	4770
Cases cured	993	781
Taken to dispensaries	118	49
Visits to dispensaries	212	97
Cases treated at homes	476	342
Visits to homes	884	533
CASES TREATED AT SCHOOL.		
Pediculosis	578	249
Impetigo	135	98
Ringworm of body	52	30
Ringworm of head	24	6
Eczema	114	85
Conjunctivitis	141	126
Stye	18	4
Corneal ulcer	11	
Discharging ear	2	
Favus	10	2
Pustular dermatitis	9	15
Infected wounds, contusions, etc	426	113
Miscellaneous	55	55
Defective vision; glasses furnished	133	124



FIG. 1.—Patients waiting for the nurse



FIG. 2.—Photograph showing method of examining a class



FIG. 3.—The trained nurse at work



FIG. 4.—A bad case of ringworm of the scalp, which received no treatment until detected by the medical inspector. Soon cured by the nurse at school

NURSE'S VISITS TO HOMES, FROM SEPTEMBER, 1905, TO JUNE, 1906.

Disease	No. of Cases	No. of Visits	No. Cured
Defective vision	138	172	124 procured glasses
Scabies	8	25	8
Favus	2	19	2
Acute conjunctivitis	5	30	4
Discharging ear	4	7	4
Not vaccinated	12	12	12
Pediculosis	121	143	78
Pustular dermatitis	14	25	14
Uncleanliness	19	27	19
Congenital deformity	1	3	Admitted to Widener Memorial Home
Ringworm	5	29	5
Improperly nourished	13	22	Proper nourishment obtained

CHILDREN TAKEN TO DISPENSARIES.

Disease	No. of Cases.	No. of Visits.
Defective vision	41	63
Favus	2	7
Acute conjunctivitis	3	14
Scabies	3	13

In explanation of the above report of the work of the trained nurse I submit the following: The percentage of pediculosis existing in these schools when the nurse began work in April, 1904, was thirty per cent. This has since been reduced to eight per cent. Most of these cases were absolute cures, as the disease has not recurred in the same scholars. This is mainly due to the influence at the homes by the nurse. There remain very few cases of ringworm and impetigo, which at first were prevalent in large numbers. Conjunctivitis and corneal ulcers received no attention from the parents, and were treated only after the children were taken in charge by the nurse. They were soon cured and the children able to resume their studies. These cases included several in which corneal ulcer threatened the sight. Weak, anemic children, unable to work or study, due to impoverishment from improper or no food, were visited in their homes, and the existing difficulties, whether extreme poverty, sick or drunken parents, corrected. Over two hundred children with bad, defective vision were treated and supplied with necessary glasses only through much persuasion and the persistent efforts of the nurse. This often required many home visits.

The following report shows the effect of the nurse's work on the

education of the children, for the term from September, 1905, to June, 1906, Fourth Section.

Number of Scholars exempt from examination	2433
Number of Scholars non-exempt from examination	2208

RECOMMENDATIONS FOR TREATMENT OF CHILDREN NOT EXCLUDED BUT ATTENDED BY THE NURSE IN THE SCHOOLS.

	Exempt.	Non-exempt.
Defective vision, glasses obtained	101	23
Impetigo	51	42
Ringworm	31	11
Acute conjunctivitis	63	35
Pustular dermatitis	8	0
Pediculosis	230	175
Minor ailments	134	122

In the above statistics, you will notice that the total number of non-exempt scholars in the section is about forty-seven per cent. But the children suffering from physical defects, not excluded but attended by the nurse at the schools, show a large percentage in favor of the exempt scholars. This is particularly noticeable in the cases of defective vision, furnished with glasses through the efforts of the nurse. 'Similar results are shown with the other defects.

SUMMARY OF WORK PERFORMED BY THE MEDICAL INSPECTORS IN THE PUBLIC SCHOOLS.

	During 1905	From Sept., 1905, to June, 1906
Total number of schools visited	315	316
Total visits made to schools	51,412	53,344
Total number of pupils sent to inspector	74,524	90,569
Individual examinations	141,303	133,021
Total number of pupils examined	215,827	223,590
Pupils excluded	7,598	8,722
Pupils not excluded but requiring medical aid	27,481	33,283
Pupils vaccinated	3,017	3,321

The above reports show the remarkable results of medical inspection. But it requires the trained nurse to lend assurance that the advice given by the physician, in the cases he patiently examines day by day, is not thrown away. She enables the physician to leave at school many cases which would otherwise be excluded and lose time from education. Recommendations for treatment are attended and practical results obtained.

There are about twenty million school children in the public schools of the United States. Surely this is a sufficient population to cause some concern to be taken in regard to their physical condition. At present a small percentage of this vast army is looked after. It

is in childhood and school days that the child is more susceptible to the infectious diseases—scarlet fever, measles, diphtheria, chicken-pox, etc., as likewise the contagious skin diseases. The school-room is a great factor in the spread of these contagions.

Education is a necessity. We realize this, and formulate laws for compulsory education, and whether this education is sought or forced, we must offer one free from the danger of contracting disease. Ofttimes a child has physical ailments which would disable him from accepting an education which we desire to force upon him. We should not offer or force a mental education until we have provided a physical capacity to accept such mental strain. The medica inspector has accomplished much, but only with the trained school nurse, and her individual care, personal inquiry, and knowledge of home life, is the highest degree of efficiency in education procured.

TUBERCULOSIS FIGHT TO BEGIN AT THE CRIB

By H. J. GERSTENBERGER, M.D.

Attending physician at the Family and Children's Clinic of the Tuberculosis Dispensary; also at the Infants' Clinic of the Milk Fund and Visiting Nurse Associations, Cleveland, Ohio.

The general care of children in the prevention of tuberculosis is, to my mind, the most important one in the fight against this disease. Medically, it is ideal to resort to preventive medicine, and especially to preventive medicine which begins at the birth of the child. Until recently the fact was not generally recognized that most infections date back to childhood. When V. Behring announced in his article, read before the Naturforscher Congress in Cassel, 1903, that the "infants' milk" was the main source of infection (in his own words: "*Die Saeuglingsmilch ist die Hauptquelle fuer die Schwindsuchtsentstehung*") he was most vehemently opposed by practically all authorities. Years before him, a few men had fought for the recognition of the same fact, but without creating sufficient reaction among the medical authorities; so V. Baumgarten always preached the heredity of tuberculosis. In 1894 Wolff wrote a clinical study of tuberculosis, and very plainly stated that all cases were infected in childhood; that the prominence of the disease a few decades later was due to influences which had brought the tubercle bacillus out of its latent state into one of marked activity. When one has read Wolff's book he receives his impression as if V. Behring had simply copied the former's views; this, of course, is not the case. It simply demonstrates

that it requires a man of supreme influence and authority, as V. Behring is, to cause hundreds and thousands of men to begin experiments and researches to ascertain the correctness of his statements; and this was the effect of V. Behring's address at Cassel. Since then there have been many publications, always more and more admitting the essence of V. Behring's work: namely, that tuberculosis begins at the crib. Behring says: "*Die Lungenschwindsucht ist das Ende vom Lied das dem Saugling an der Wiege gesungen worden ist.*"

So the fight against the so-called White Plague must also begin at the crib, if we are to master this destructive disease. The general outline of our campaign must be: 1st, to prevent the infection—that is, the entering of the tubercle bacillus, the germ which causes consumption, into the human body; 2d, to prevent the lowering of the vitality and general resistance of the human body, which must necessarily exist, if the tubercle bacillus is to develop consumption. In order to readily and intelligently understand how to apply preventive medicine in these two instances, we must first know the sources of the tubercle bacillus, and how it is spread; secondly, by which means and through which openings it enters the body; and, thirdly, how the general vitality is lowered.

By far the most important carrier of the tubercle bacillus is the sputum of open cases of pulmonary tuberculosis. An open case is one in which a disease area communicates with the outer world, as, for instance, a cavity which opens into a bronchus. This is a branch of a larger bronchus, which finally ends in the trachea, and the latter again opens, roughly speaking, into the throat and mouth, and so into the outside world. So, if in this cavity or diseased area there is any secretion containing tubercle bacilli, these organisms are theoretically already in contact with the outer world; but practically not until they are brought up with the sputum by a cough or sneeze, and spat upon the ground or floor, etc.

The careless disposal of such expectoration is the most general source of the tubercle bacillus. If we could successfully check this habit we would have the disease quite under control. In tuberculosis of the larynx, throat, and mouth, the spittle is also a means by which the germ is brought into contact with other parts of the body. The stools are infectious in intestinal, and the urine in kidney and bladder, tuberculosis. The number of infections occurring from these sources is at present considered small in comparison with the above named.

Another very important source of infection is tuberculous cattle, especially diseased dairy cows. Enormously high percentages of the latter have been found positive; in some herds the figures nearly

reach one hundred per cent., in most at least sixty per cent. Reports that fifty per cent. of the infected dairy cows have tubercle bacilli in the milk will impress every one with the severity of the danger. To be sure, Koch, the German professor who discovered the tubercle bacilli in 1882, claimed in 1901 that the bovine tubercle bacillus could not cause tuberculosis in human beings. But, according to the latest reports issued by the German government laboratories, experiments since then have proved that this is not so. Also, the organs of these animals have areas of the disease which in some cases might not be recognized by careless inspectors, butchers, and cooks, and so might easily be prepared for the table without necessarily destroying the life of the organism. These are then the most important sources of infection to the human being after birth. Before birth the child may have either what we term congenital or hereditary, due to infection either from the father or the mother. Recent reports seem to show that a high percentage of tuberculous mothers bear tuberculous children.

Now, the tubercle bacillus makes its entry into the human body by one or more of three ways: firstly, through the alimentary tract; secondly, through the respiratory tract; and thirdly, through the lymph and blood system. Examples of the last mentioned are the rubbing of dirt contaminated by the organism of consumption into sores on the face by children, or by getting tubercle bacilli in one's mouth from a cup used by an open case and having an injured area on the tonsils or elsewhere in his throat; from these entrances the tubercle bacillus would be carried by the lymph to the next lymph gland and from there to further lymph glands, in this manner giving us the picture of scrofula, which is nothing more than an infection of glands by the tubercle bacillus.

Infections by way of the respiratory tract are accomplished by the inhalation of the germs either in dust or in the coughed up spray of mucus coming from an open case. This mode until recently has been considered by far the most common entry of the tubercle bacillus, because the lesions of the bronchial glands and lungs are usually the greatest. Infections through the alimentary tract result from swallowing foods and liquids containing either the bovine tubercle bacillus, or the human, or both, as is often the case with milk. Because the market milk, which in many instances, as mentioned before, already contains bovine tubercle bacilli, has, immediately after it leaves the animal and before it is fed to the baby, so many opportunities to be contaminated with the human tubercle bacilli by infected and dirty milkers, milkmen, grocers, and mothers, and because it is practically

the only food taken by the child, and so acts as a wash-down for any germs which may be in the mouth and throat before nursing—because of all these facts Behring claims, and others are proving the correctness of his findings, that milk is the main carrier of tubercle bacilli, and the alimentary tract the main entrance for them into the human body.

Before I take up the real subject of this paper, the preventive care of children, I wish to remind you of a few conditions which tend to lower the general resistance of the body and so enable the germ to take a firmer hold. First, poor food and faulty feeding; second, poor sanitary surroundings, as small, dirty, badly ventilated, overcrowded rooms; third, lack of bodily cleanliness; fourth, lack of sufficient clothes or the contrary—too many dirty, filthy blankets, etc.; fifth, various diseases, as measles, whooping cough, influenza, typhoid, bronchitis, adenoids; sixth, overwork, as that of children in factories.

Now, how are we going to prevent children from getting tuberculosis? Some one might say: "Very easily: get the tubercle bacillus out of the world by educating the people not to expectorate except into paper napkins and cloths which can be destroyed after they are used, and force the farmers to have cows free from tuberculosis." The latter might some day be accomplished; but to my mind it will be impossible to educate the people to such a point as to exclude all possibility of spreading the germ of consumption about. Simply from this very fact, you will have to conclude with me that one must, of course, try to lessen the chances of infection, as, for instance, by having hospitals for needy patients who are beyond the chances of recovery, and who are a menace to their general surroundings, and try to educate the public generally to be more careful with the disposal of their sputum, whether they are healthy or not; but the main endeavor, under the circumstances, must be to try to keep the body in as healthy a state as possible in order to resist the tubercle bacillus in getting a hold in the human body, and, if it is securely located, to check its further mischief.

This is the key to the whole situation, and we begin immediately at the birth of the child with the most effective weapon: namely, the intelligent use of the mother's breast. Salge says: "*Jeder Monat, jede Woche, jeder Tag, an dem der junge Saugling Muttermilch bekommt, gibt ihm Staerkung der Widerstandskraft fuer den Kampf um ein junges Dasein, wie sie keine andere noch so schoen herausgekluegelte Naehrmethode ermoeglicht.*" There is a small percentage of mothers who cannot nurse their children, either because they have tuberculosis or have an insufficient secretion of milk. It is, however, a most

deplorable fact that the number of deficient breasts is much smaller than the percentage of mothers who claim, as they say, that they have not enough nurse.

So our ideal is to nurse the babe, and to nurse it intelligently. Do not overfeed it; this is about the only important manner in which the natural food can be of harm to the child.

If a mother really cannot nurse her child, she must, of course, resort to artificial feeding, and here quality, quantity, and cleanliness are the passwords. We must demand that the babe gets milk that comes up to the necessary requirements, as, for instance, to those of the local Milk Commission; namely milk from tuberculin tested cows, and having a bacteriological count, at the highest not above 30,000 per c.mm. Through the endeavors of this Milk Commission, our city (Cleveland, Ohio) has been provided with such milk. It is the Canfield certified milk, and is the only milk which ought to be used when the mother's breast is not available.

After the child has successfully passed the first year, the quality of the food is of much less import. Among the poorer classes, the deficient quantity plays a more important part. Through the endeavors of the Milk Fund and Visiting Nurse Associations, an Infants' Clinic has been established at the Central Friendly Inn for the poor in this and neighboring districts. Necessary instructions and milk are, of course, given to the sick children; but the main object of this clinic is to get the mothers to bring their babes before they are ill, and learn how to feed their children intelligently as they grow older. This is preventive medicine in the true sense of the word.

To change poor sanitary surroundings, such as small, dirty, badly ventilated, overcrowded rooms, to stop overwork in factories, to impress the importance of personal cleanliness, and, by doing these things, to lessen the spreading of infectious diseases, we must resort to two methods: first, the betterment of the financial standing of the families, and second, the education of the children at the schools—for many parents are too ignorant to give their children the right kind of advice. Another means of doing away with the above-mentioned conditions, which I nearly forgot to mention, would be to enact a law requiring the erection of sanitary homes—sanitary as to space, light, air, sewerage, etc.—and, what is just as important, to have this law enforced. In the meantime we must teach the children to sleep with open windows and keep out of doors at least a number of hours each day. They are to frequent the public bath houses, playgrounds, and parks, and in this manner keep out of their dungeons at home. During the summer almost every child, but especially those of the

poorer classes, ought to be sent to the country, as has been done during the last summer by the various charitable institutions of the city. Children of tuberculous families ought to be examined by a competent physician for the presence of this disease, whether they are healthy or not. This work has been done since November, 1905, at the Family and Children's Department of the Western Reserve Tuberculosis Dispensary, and till now three hundred and sixty-three have been examined, of which seven per cent. are positive and another seven per cent. suspicious.

Now, to lessen the chances of coming in contact with the germ of consumption, children are to be taught to bring nothing that may have in any way been contaminated with the tubercle bacillus to their mouths or to any sores; especial care is, of course, to be taken if a member of the family has tuberculosis. The latter should sleep alone, use separate dishes and towels, and dispose of his sputum carefully. As soon as any child coughs for any length of time, has night sweats, is easily fatigued, etc., he should be brought to a physician for examination. Those parents who are able should have a separate play-room for their children, and, what is better, put a clean sheet on the floor of the same each day if a creeper is in the house. This would give less opportunity to the child to bring contaminated material to its mouth. The bad habit children have of putting their fingers, pencils, gum and candies which others have already tried, into their mouth, and many things more in this category, should not be allowed.

These few remarks, I hope, will, on the one hand, impress you with the severity of the dangers confronting the baby if we are negligent, and at the same time, on the other hand, impress you with the great possibilities given to us to preserve the health of the infant in many instances. This means less tuberculosis.

Lives of great men all remind us
  We can make our lives sublime,
And, departing, leave behind us
  Footprints on the sands of time;—

Footprints that perhaps another,
  Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
  Seeing, shall take heart again.

Longfellow's "A Psalm of Life."

Susan B. Anthony Memorial Association

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THE name of Susan B. Anthony will stand in history on the roll of those who have given themselves to the uplifting of humanity.

With singleness of purpose and self-effacing devotion she consecrated sixty years of her life to efforts to improve the condition of women. She labored to secure their natural rights as mothers and their property rights as citizens; to enable them to enter the industries and professions; and to open the doors of colleges and universities and thus give them the advantages of higher education. These efforts were crowned with a large measure of success. While not all sympathize with her endeavor to secure for women equality of political rights and duties with men, every one must recognize and honor her as a great leader in the movement of this last half-century, which has brought such emancipation and enlargement of opportunity to woman's life. The womanhood of the world owes a heavy debt to Susan B. Anthony and her co-workers.

This debt we would pay in part by erecting in her honor an "Anthony Memorial Building" for the use of women students at the University of Rochester, her home city. Miss Anthony's deep and active interest in the opening of this college to women led to intimate relations between her and these students, and makes it peculiarly fitting that such a building should be her monument of service. Among the friends whose counsel resulted in this

Miss Lily A. Long
St. Paul, Minn.

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Mrs. Eva Perry Moore
St. Louis, Mo.

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London, England.

(Other names to be added)

choice were her sister Mary, and her other executors, Lucy Anthony and Anna Howard Shaw, who feel that no permanent memorial could be more in accord with Miss Anthony's life purpose.

It is estimated that a suitable and well equipped building could be erected for seventy-five thousand dollars. To secure that amount a Susan B. Anthony Memorial Association has been formed. Auxiliary committees are to be organized in other cities. While large subscriptions will be welcomed and will certainly be needed, it is hoped that many thousands of grateful women who can give but little, and of men as well, will wish to share in this undertaking. If every one who honored and loved Miss Anthony would take one of the little books of coupons prepared by the Association and secure the few subscriptions there represented, the task that now looks great would soon be joyfully accomplished. Will you help?

Address all inquiries to Miss Charlotte P. Acer, Corresponding Secretary of the Anthony Memorial Association, P. O. Box 366, Rochester, N. Y.

If you could go back to the forks of the road,—
Back the long miles you have carried the load;
Back to the place where you had to decide
By this way or that through your life to abide;
Back to the sorrow and back to the care;
Back to the place where the future was fair,—
If you were there now, a decision to make,
O pilgrim of sorrow, which road would you take?

AN OUTLINE FOR STUDY IN NURSING HISTORY

A NUMBER of requests having been received from Alumnæ Associations for outlines of study in nursing history, Miss Nutting begs to refer all such inquirers to this number of the JOURNAL, as press of work makes it impossible for either Miss Dock or herself to respond to each one in detail.

The Society of the Teresians, established in the Johns Hopkins Hospital to study nursing history, took something like this order of study: 1, Origin of Monasticism; 2, Early Sisterhoods in Europe; 3, Early Sisterhoods in America; 4, The Work of St. Vincent de Paul; 5, The Little Sisters of the Poor; 6, The Order of the Béguines; 7, The Hôtel-Dieu of Paris; 8, St. Bartholomew's Hospital, London; 9, Foundling Hospital, Florence; 10, The Knights of St. John of Jerusalem; 11, The History of the Red Cross Movement, in Europe and America; 12, Kaisersworth; 13, John Howard; 14, Elizabeth Toy; 15, Miss Nightingale and Her Work; 16, The Beginnings of American Training Schools.

For useful literature on these subjects it is suggested that the topic under discussion be carried to the largest public library, and the interest of the librarian engaged for looking up references. One will lead to another, and useful books not in hand will often be bought by libraries at the request of readers.

For modern references the following are suggested:

The Story of Florence Nightingale.....By W. J. Wintle.
The Heroine of the Crimea.....London, The Sunday School Union.
Florence Nightingale.....By Eliza F. Pollard, London.
The Wounded Soldier's Friend.....S. W. Partridge, Paternoster Row.
The Life of Florence Nightingale.....By Sarah Tooley.
S. H. Bonsfield & Co., London. MacMillan, New York.
In Notes on Nursing, published by William Carter, Boston, 1860.
(Two Introductory Biographical Sketches.)
Articles in Chambers' Encyclopædia; also Quain's Dictionary of Medicine.
" " Great Women Series.....By Sarah Bolton.
" " Notable Women.....By Ellen Clayton.
" " Fights for the Flag.....By W. H. Fitchett.
" " Great Men and Famous Women.....By Lizzie Alldridge.
History of the Crimean War.....By Kingslake.
Life of Agnes Jones.....By Her Sister.

In all these books references will be found which will guide the student to further sources of information.

For American history, a number of articles have appeared in THE

American Journal of Nursing, from time to time, describing early reforms, and its files should be consulted. The early reports of the New York State Charities Aid Association, Dr. Carlisle's "History of Bellevue Hospital," and the early reports of the oldest training schools, are recommended.

These very brief suggestions, it is hoped, may be useful for the present. One feature of the forthcoming history of nursing will be a full bibliography of all the sources of nursing history.

"Now Christmas is come,
Let us beat up the drum,
  And call all our neighbors together,
And when they appear,
Let us make them such cheer
  As will keep out the wind and the weather."

The Sketch Book.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Palatable Boiled Water.—The *Nurses' Journal* of the Pacific Coast has the following: "Marsden Manson has sent to Dr. James W. Ward, president of the Board of Health, San Francisco, the following recipe for preparing boiled water so as to make it palatable:

"First—Mix the beaten white of one egg in two or three gallons of cold water, then bring to a brisk boil, allow to cool and settle. Decant or syphon off the clear water.

"Second—Dissolve in this one level teaspoonful of bicarbonate of soda; this is equivalent to 35 grains or 3.5 grams; then stir in two-thirds of a teaspoonful of pure hydrochloric acid; this is the equivalent to 3.9 grams. The water is then absolutely safe, sparkling, and refreshing, and entirely devoid of the flat taste of boiled and distilled water.

"The chemistry of this mode is simple. The albumen of the beaten egg is soluble in cold water, and is coagulated into an insoluble form by boiling, and carries down all suspended matter.

"The bicarbonate of soda is converted by hydrochloric acid into common salt, and the carbonic acid is set free in the water, both remaining in solution. The former is tasteless, and even beneficial in such small proportions, and the latter renders the water sparkling."

The Treatment of Malignant Growths by Anæsthetization.—The *Medical Record,* in an abstract of an article in *Münchener Medizinische Wochenschrift,* says: "Spiess has already published his views on the subject of the influence of anæsthetization on inflammatory processes, and he now applies the same principles to the consideration of malignant growths. In inflammation he holds that the hyperemia is the result of sensory impulses emanating from the affected area, and he believes that malignant new growths are similarly maintained in a state of congestion. This increased blood supply is required for their abnormally rapid growth, and if this can be restricted the nutrition of the tumor will suffer to a considerable extent. A large number of experiments are described

which were performed on mice obtained from Ehrlich's laboratory and presenting various types of malignant tumors. Into the centres of the tumors varying quantities of solutions of several anæsthetic substances believed to be without antiseptic power were injected, with the result that in nearly all instances the growth of the tumor was influenced for the better, and in some cases an actual cure was secured. The author also details the results of similar experiments on inoperable malignant growths in human beings, which, he says, were undertaken mainly for the purpose of ascertaining whether any undesirable effect was produced by the injection. He refrains, however, from any comment on these cases, but states that the subject is to be studied further in Czerny's new institute for cancer research at Heidelberg."

Danger of Weak Solutions of Carbolic Acid.—Dr. Leo B. Meyer, in an article in the *New York Medical Journal,* urges greater care in the application of even weak solutions of carbolic acid where continuous action is required. It should never be applied to terminal parts, such as fingers or toes, when the amount of tissue between skin and bone is small. Gangrene, dermatitis, or burns, more or less severe, may result from its use. Weak bichloride of mercury, or boric acid solution, is recommended instead.

Freedom from Appendicitis in Africa.—The *New York State Journal of Medicine* says: "Dr. Nicholas Senn has made an interesting observation while visiting the hospitals in towns on the East Coast of Africa. The physicians in those institutions informed him that they had never seen a case of appendicitis among the blacks, and most of these physicians had lived on the coast from ten to twelve years, and had collectively examined thousands of patients. The relaxing effect of climate, laziness, and a fruit and vegetable diet would seem to offer the best explanation of this immunity."

Transmission of Disease by Pets.—The *Journal of the American Medical Association* says Remlinger and Nouri of Constantinople have made experiments with cats whose fur was touched with cultures of various bacteria. They found typhoid bacilli still alive and viable up to the seventeenth day after inoculation of the fur. Diphtheria bacilli were viable up to the twenty-fourth day, but were dead by the twenty-seventh, while anthrax bacilli lived and persisted indefinitely. All these germs were found with unattenuated virulence as long as they could be culti-

vated from the cat's fur. The results of similar tests on dogs were approximately the same. The article concludes with the statement that fondling cats and dogs is an antihygienic habit. Until the habit is abandoned for good, at least the hands should be washed with soap and water whenever one of these animals has been touched.

A New Bed Lift.—In the number of the *Journal of the American Medical Association* for October 6, Dr. H. H. Janeway describes an apparatus which he has invented to raise a patient from the bed, and which can be easily applied and operated by one nurse. It consists of three bands, one placed beneath the shoulders, one under the hips, and one under the calves of the legs, with a supplementary one for the head. These are attached to a bar, which is in turn fastened by bands and hooks to a crane, swinging on an upright standard inserted in long cross-pieces that rest on the floor. A crank enables the nurse to raise the patient to any height desired above the bed, to change the mattress, or dress a bed-sore, or even to lower him into a bath beside the bed, without much exertion. The apparatus is manufactured at comparatively slight cost by Charles Dressler, 143 East 33d Street, New York, and could be made by any carpenter after the illustrations accompanying the article.

The Yield of Radium.—The *Medical Record* says: "It is stated that the radium mines at Joachimstal, in Austria, recently supplied the Vienna Academy of Science with ten tons of uranium ore, and this has yielded a very large amount of radium, which is to be used for research. The mines are being converted into a radium cure resort. A local laboratory for producing radium salts has been established, and the springs are serving as medicinal baths."

Chloroform Water as a Hæmostatic.—The *New York Medical Journal* says: "Spaak (*Le Journal de Médicine*) has used for several months chloroform water as a hæmostatic agent. He found it superior to all other styptics, and recognized the following advantages: It acts with marvellous rapidity. It has not the slightest disagreeable taste or odor. It is not escharotic. It is cheap and easily obtainable, and can be made as required. It is not unpleasant to apply, and does not interfere with the surgeon in his operations. The solution he recommends is two per cent., in simple water, as the menstruum."

Fresh Air Cure.—The *Medical Record,* in a report of the meeting of the American Pediatric Society, says: "Dr. Wm. P. Northrup, of New York, read a paper called 'The 23 Cure,' which dealt with living twenty-three hours out of the twenty-four in the open, fresh, flowing air. This was especially beneficial in cases of convalescence from acute illness and in cases of delicate children. The quality of the cold or cooled fresh air was essential. The cold, fresh, flowing air uniformly had certain effects upon young children. They slept better, took and assimilated more food, and rarely did they catch cold. At Sea Breeze, Coney Island, no child had ever contracted pneumonia because of living so long in the open, cool, fresh, flowing sea air."

Satellites of Alcoholism.—Fornet, in *La Semaine Médicale,* claims that there is a large number of substances which produce intoxications that belong to the same order as that produced by alcohol, and these he has denominated the satellites of alcohol. Excitants of all sorts are included under this term, but the ones to which he particularly calls attention are the aromatic liqueurs, coffee, tea, and spicy condiments, the use, or rather the abuse, of which he considers a signal danger.

Ether Narcosis by Rectum.—The *New York Medical Journal,* in an abstract of an article in the *American Journal of Surgery,* says: "Stucky is of the opinion that this method of narcosis is especially desirable for operations about the head, neck, and face. The patient passes under its influence more quickly and recovers from it more quickly than by inhalation. The absence of rectal irritation in recent practice has been due (1) to more thorough preparation of the patient, (2) to better quality of the ether used, (3) to improved administration. Before administering the ether the bowels must be thoroughly opened. The ether bottle is immersed during administration in a water bath at 80° to 90° F. (six degrees below its boiling point), the ether is vaporized by air pressure through an afferent bulb and tube, and delivered through a stiff rectal tube with a single opening. The tube is inserted from ten to fourteen inches. Should the patient become too deeply narcotized the ether should be massaged out of the bowels, and the latter again distended with oxygen. A small dose of morphia before narcosis will inhibit peristalsis and facilitate etherization. The author thinks it certain that the apparatus will be simplified, the technique of administration better understood, and the method the one of election in selected cases.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

THE PARIS CONFERENCE

No definite word has come as yet (at the date of our going to press) of the precise time in June next when the nursing conference of the International Council of Nurses will be held, but we will in all probability be able to announce this finally in January. Nor is the exact programme yet to hand, but it will not be a very elaborate one, as we want to have time for talk and discussion and informal conference. We will have, however, the latest reports from all countries as to nursing organization; education, practical and theoretical; and state registration. We also hope to hear some details from the various nursing journals which are controlled or edited by nurses. Miss Nutting has promised to write on "The Practical Training and Education of Nurses," and we will have this translated into French.

Miss Van Vollenhoven, a Holland nurse, who has been some years in America, has offered to write on "Opportunities, Advantages, and Difficulties of the Foreign Nurse in America," and this (which she will write in French) will doubtless be of special practical interest to our foreign sisters. The French sympathizers and friends are showing much interest already, and for their kind sakes it is to be hoped that we shall have a good gathering of bright and progressive women. They will show us the French hospitals and the new nursing schools, and it will be a great opportunity to learn something of French movements and progress.

It is hardly necessary to say that there will not be enough of us to get any special rates on steamships. Every one will have to go in the ordinary way and look out for herself after she gets there. We shall, however, later in the winter, publish the name and address of a central hotel where the officers will lodge, and which may be regarded as a headquarters. We also remind all our readers that official and formal delegates with formal credentials are not in the plan for this gathering, as no regular business is to be transacted. The meetings, the floor, and the discussions will be open to all, and nurses from any country and any

organization, or those not belonging to any, will be welcome. We shall commit ourselves to nothing but friendly acquaintance at this conference. No new members (countries) can be admitted, but if any are inclined to like the idea of international unity, and wish to join our ranks, the regular meeting in 1909 (probably in Canada, though this is not absolutely certain,) will be the regular business meeting at which new affiliations will be made. At that time we will welcome with open arms any national associations of nurses which are founded on the principles we require for membership, viz.: democratic principles; the principles of equality and self-government, under which the nurses of an association have their voice and vote in its policy and progress.

L. L. Dock,
Secretary International Council of Nurses.



In the little town of Buctouch, near Moncton, N. B., a primitive and simple-minded Acadian Frenchman, struck with the spirit of progress and commercialism, attempted to boom his town as a pleasure and health resort.

To the summer visitor he said: "Oh, dis a nice plas, all kin's of fruit grow 'ere, the oyster she grow 'ere, the lobster she grow 'ere, oh, dis a nice plas. *Leeve, leeve* long time! I got gran'mudder he be 'under'd year ole, he go 'bout the 'ouse do all his own work, nice plas."

Among the same French people a fisherman had the misfortune to lose his son at a time when an extra mouth was not a burden, as it sometimes happens to be with the poor fishermen on the north coast, and he expressed his regret and wonder at the dispensation which deprived him of his son at such an inauspicious time: "Plenty *feesh,* plenty pot-a-to. Could keep him jus' well as not."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

TOO MUCH CRITICISM AND NOT ENOUGH PRAISE

DEAR EDITOR: I wonder why, in THE JOURNAL OF NURSING, there is so much fault found with the nurses, and so little praise given. Censure, although unpleasant to receive, undoubtedly does us good if at the same time we are commended for the good we do or the admirable qualities we possess: but I do not believe that censure alone is often of much benefit. Miss Dock writes about the extravagant, wasteful American nurse, as though that term could be applied to all nurses, or almost all. This is a mistake, for there are as many industrious, economical women among the nurses as would be found in any other class of working women. You seldom find nurses who rent furnished rooms leaving their rooms in the evening for even half an hour without turning the gas low, out of consideration for the landlady's purse. I speak from knowledge, not from hearsay, and on duty we, as a class, are no more wasteful of gas, food, or any other commodity, than if we had to bear the expense.

Some one has known of a nurse who has not given her patient a bath during the illness. I do not know of how long duration was the sickness, but this nurse is only one in a thousand, and she will soon have to sit in a rocking-chair and wonder why there is no work coming to her. As a general thing, patients get a daily bath, and an alcohol rub twice, sometimes twenty times, a day.

One nurse meets another with a patient on the street in New York, and this nurse is as well clad as her patient, so the conclusion is at once drawn that she is an extravagant woman, dressing beyond her means and not saving for the proverbial rainy day that is sure to come. This well dressed nurse lifted her skirt and displayed a pretty silk petticoat and well shod feet. She wore a becoming hat, nice gloves, and altogether was a well dressed woman—and a well dressed woman is always pleasant to look upon, whether she toils for a living or belongs to the leisure class. There is no merit in shabby or cheap clothes; if obliged to wear such garments, most of us can do so and not grumble, but to enjoy doing so, or to feel we are better for so doing, is a horse of another color. Some of the nurses in Chicago whom I know are always well dressed. If doing

housework, they have on a plain, neat house dress (usually stripes), and when on the street a tasteful street garb. One or two pretty dresses, for the occasional reception or theatre, usually complete the wardrobe. One nurse took from her trunk some old silk which already had done considerable service, and sat down to the sewing-machine. With the outlay of a few dollars, by evening a handsome silk petticoat was shown. She, like the New York nurse, has undoubtedly often been criticised for extravagance.

There are many nurses who could take THE AMERICAN JOURNAL OF NURSING, yet who do not; but there are many who do not take it because of the grim necessity they are under to count the pennies, and they will pay half with some one else. I believe there are at least three readers to one subscriber. Some time ago I read an article in *Harper's Magazine* on the trained nurse, written by a clergyman. He spoke of her as a fine type of womanhood, brave, self-reliant, and always ready to help her neighbor. Another article in as good a magazine (I have forgotten which) spoke of their courage. The writer of this article says that fear is almost unknown among physicians or trained nurses. After reading so much criticism, it gave me pleasure to read these articles. And now, dear editor, is it not just as well when criticising, to do a little praising? All of us have faults, and many of us very serious ones, but we are not a bundle of faults and nothing else.

HARRIET E. SIGSBEE,
Salida, Col.

[We have much sympathy with this writer, and we want to assure her that we do not for a moment lose sight of that splendid group of private nurses who go steadily on year after year giving skilled, conscientious, womanly service to the multitude. It is because of the injustice to these women that we lend our pages so frequently to condemnation of those nurses whose conduct brings criticism to all members of the great nursing body. The mercenary, heedless, immoral type of woman in the ranks must be made to feel the disapproval of every reputable member of the nursing profession.—ED.]

ANOTHER SUGGESTION FOR THE SLIDING SCALE

DEAR EDITOR: I am much interested in the comments which appear from time to time in THE AMERICAN JOURNAL OF NURSING, with reference to caring for "the great middle class."

Would it be too much to expect our graduates to work for fifteen dollars a week, or, if need be, less, for the first year or two after they leave the hospital? Or at least they might be willing to accept less remuneration than the nurse who has stood the fire five, ten, or fifteen years. I

know that these older nurses take cases for what the patient can afford to pay, especially when he or she is some one they know or are interested in, or to accommodate a physician. Yet this still leaves a number of worthy people who cannot employ a first class nurse.

When our medical friends leave their Alma Mater, they are glad to care for patients that the more busy doctors have not the time to attend to. He is a very fortunate young physician who gets important work when he first begins to practice. Should our young nurses in like manner take the less profitable work to begin with, and in that way provide skilled attention for those worthy people who cannot possibly pay twenty or twenty-five dollars a week, and who usually are so grateful for any assistance rendered them?

THE SUPERINTENDENT OF A SMALL HOSPITAL.

A CORRECTION

DEAR EDITOR: In the November number of THE AMERICAN JOURNAL OF NURSING is an article headed "The Cuban Training Schools." In this article it is stated that all the other schools send their nurses for the last three months of training to Mercedes Hospital, and that they all pass their examinations there.

I wish to say that in the Training School for Nurses connected with Hospital No. 1, Havana, which is the largest in Cuba, having a daily average of five hundred patients, the nurses do not go to any other hospital to complete their training. On the contrary, I have had nurses come here from Cienfuegos, Matanzas, and Puerto Principe, to finish their training and to be examined.

On the 28th of last June I had seven of my own pupils, third year, examined in this hospital.

The final examinations are public, and the Department of Charities provides the building. I ask you to publish this in the December number so as to correct the mistake.

ELIZABETH J. WALKER,
Superintendent of Nurses, Hospital No. 1, Havana, Cuba.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

OFFICIAL ANNOUNCEMENTS

COLORADO.—The State Board of Nurse Examiners will meet in Denver on January 16th, 1907, to examine applicants for registration, according to an Act Relating to Professional Nursing. Miss Louie Croft Boyd, Secretary, 125 East 18th Avenue, Denver, Colorado.

MISSOURI.—"The Missouri State Association of Graduate Nurses will meet in St. Louis, Missouri, December 12 and 13. A large attendance is solicited.

ANNA B. ADAMS,
Cor. Secretary.

NEW JERSEY.—A meeting of the New Jersey State Nurses' Association will be held Tuesday, December 4th, at 2.30 P.M., in the lecture hall of the Central Baptist Church, E. Jersey Street, Elizabeth, New Jersey. The graduates of the Elizabeth General Hospital will entertain the members at the close of the meeting. Addresses will be made by Dr. Norton L. Wilson, of Elizabeth; Foster M. Voorhees, ex-Governor of New Jersey; and Mrs. Henry H. Dawson, president of the Federation of Women's Clubs of New Jersey.

ASSOCIATED ALUMNÆ

WE fear some confusion will arise from the announcement, made last month, of the change of address of the secretary of the Associated Alumnæ. After Miss Casey had sent us the announcement, and it had gone to press, she was unable to secure the rooms which had been promised her. The correct address is as follows: Miss Nellie M. Casey, 5828 Sansom Street, West Philadelphia, Pa.

REGULAR MEETINGS

SCRANTON.—The Alumnæ Association of the Scranton Training School for Nurses held their regular monthly meeting at the State Hospital Thursday, November 15th, at 3 P.M. Nine nurses were present. An interesting talk on "The Metric System" was given by Miss Emma M. Davis, pharmacist of the State Hospital, after which the regular business was taken up. The president, Mrs. Coppinger, in the chair.

The minutes of the last meeting were read and approved. Miss M. Gannon was received into the association. After the business session the meeting adjourned, to meet at the State Hospital in December.

PHILADELPHIA.—The Alumnæ Association of the Hospital of the Methodist Episcopal Church elected the following officers October 9, for the coming year: President, Mrs. Ardella Winstanley, 5253 Pine Street; treasurer, Miss Sarah Wiswell, 1606 Mt. Vernon Street; recording secretary, Miss Viola Mayhew, M. E. Hospital; corresponding secretary, Miss Annie E. Spence, 1221 Somerset Street.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training School Association was held at the Training School, November 6, the president, Miss Coleman, in the chair. Twenty-one members present.

Reports of secretary and treasurer read and approved. Committees had nothing to report.

A discussion as to the advisability of graduates working for reduced rates in the hospital was held. There was much diversity of opinion. No action was taken.

A letter from Miss Hadden, now living in Cristobal, Panama, was read with interest. The president made a strong appeal to all present to work in the interest of the endowment fund, stating the fact that larger benefits would be paid sick members when the sum of five thousand dollars, the amount agreed upon, was raised.

It was moved and seconded that Miss Fuller write a personal letter to all members who have not yet paid their pledged fifty dollars, asking them to do so, either in full or in part, before the annual meeting.

The question of starting a club house was again raised, the majority present favoring it. Moved by Miss Jones, seconded by Miss Havens, that a committee consisting of Misses Van Ingen, Dennise, and Fuller be appointed to make inquiries and make plans, and to report on same at the December meeting.

Mrs. Newman and Miss Maw were guests at the social gathering held after the business meeting.

MONTCLAIR, N. J.—The graduate nurses of the Mountain Side Hospital met at 60 Greenwood Avenue, Friday, October 19, for the purpose of organizing an association of the Alumnæ. The meeting was well attended, and after the election of officers a social time was enjoyed and refreshments served.

NEWTON, MASS.—The Newton Nurses' Alumnæ Association held their monthly meeting recently, a large number being present. It was voted to hold a fair at Easter, the proceeds to go toward the graduate nurses' club-house, which they hope to have before many years. Miss M. Biddle, superintendent of nurses, gave a most interesting address on state registration.

MINNEAPOLIS, MINN.—The programme committee of the Hennepin County Graduate Nurses' Association, in arranging the course of lectures for the winter, has deviated a little from the usual lectures given to professional nurses, and added to their schedule on medicine, surgery, and practical nursing a few lectures on other subjects. They were favored at a recent meeting when Dr. Thomas S. Roberts delivered his scientific lecture on "Birds." Dr. Roberts beautifully illustrated his talk with lantern slides, and carried the audience through fields

and forests into bird life and their home nests. After the lecture Dr. and Mrs. Roberts had a surprise awaiting the thirty nurses in the dining-room, and their home was thrown open for a social hour long to be remembered by the Association.

Miss Edith Sommel, president of the association, gave a social for the officers and committees on September 24. At the October meeting Mrs. Julia Pratt read a paper on "The Observation of Symptoms in Children."

ORANGE, N. J.—The annual meeting of the Alumnæ Association of the Orange Training School for Nurses was held at 68 Henry Street, October 24. There was an unusually large attendance, and all listened with pleasure to the interesting report of Miss Pierson, the delegate to the National Associated Alumnæ Convention. Eleven names were accepted for membership, and thirteen others proposed. Miss McKechnie, superintendent of the Orange Memorial Hospital, was made honorary member of the association by a unanimous rising vote. After the election of officers a social hour followed.

BOSTON.—The annual meeting of the Nurses' Alumnæ Association of the Boston and Massachusetts General Hospital Training School for Nurses was held in the Thayer Library Tuesday, October 31st, at 3 P.M. The following officers were elected for two years: President, Miss Emma Anderson; first vice-president, Mrs. H. L. Gerrell; second vice-president, Miss Feiley; secretary, Miss Agnes E. Witeman, superintendent of nurses, Boston Lying-in Hospital; treasurer, Miss Grace Getter, superintendent Brockton Hospital, Brockton, Mass. Eight new members were elected to membership. After the business meeting a pleasant social time followed and refreshments were served.

NEW YORK.—At the annual meeting of the Alumnæ Association of the Roosevelt Hospital Training School for Nurses, the following officers were elected: President, Mrs. Grace Rundell Eppes; vice-president, Miss Idalian Van Heyer; secretary, Miss Julia E. Miner, the Roosevelt Hospital, New York; treasurer, Miss Elizabeth C. Burgess.

PROVIDENCE.—The November meeting of the R. I. H. Nurses' Alumnæ Association was held at the residence of Mrs. H. P. Churchill, the president, Miss MacPherson, in the chair. Twenty members were present. The usual business was transacted, and after meeting was adjourned a light repast was served by Mrs. Churchill, assisted by Miss Fitzpatrick and Miss Pervy.

BRIDGEPORT, CONN.—At the annual meeting of the Bridgeport Hospital Alumnæ Association, held in the reception rooms at the Nurses' Home, in October, the following officers were elected for the ensuing year: President, Miss Helena T. Kelly; first vice-president, Miss Agnes Cooke; second vice-president, Miss J. V. Scanlon; third vice-president, Miss Eliza Lavery; recording secretary, Miss Catherine Tuite; corresponding secretary, Miss Mary Finnegan; treasurer, Miss Sara M. Hanley. The meeting was a pleasant reunion, as several members from out of town, who had not attended a meeting in years, were present. It was decided that during the coming year the meetings should be held at the Home on Park Avenue and the Home on Iranistan Avenue alternately.

DENVER.—The State Board of Nurse Examiners held a three days' session in October, at which applicants for registration were examined. This was the second examination held by the board, and all the applicants passed satisfactorily.

DETROIT, MICH.—The Wayne County Graduate Nurses' Association was fortunate in having Miss Linda Richards, superintendent of nurses at the Michigan Asylum for the Insane, address them at a special meeting held in Harper Hospital Amphitheatre, Detroit, Friday, October 26th. The subject of the address was "The History of Training Schools for Nurses in America, and Progress in Nursing the Insane." The large number of nurses and their friends present testified to the regard in which Miss Richards is held in the profession. At the reception which followed the meeting, many availed themselves of the privilege of meeting Miss Richards personally.

FORT WAYNE, IND.—The Hope Hospital Alumnæ gave a reception to the graduating class, two hundred guests being present. A charming musical programme was rendered. The reception line consisted of all the members who were off duty. A merry dance followed the reception.

EVANSVILLE, IND.—The Evansville Graduate Nurses' Association met November 5 at their rooms on Second Street. The following officers were elected by ballot for the year 1907: President, Allie E. Butler; first vice-president, Lydia Metz; second vice-president, Johanna Reinnecke; secretary, Elizabeth Kurzdorfer; treasurer, Florence Houghland; councillors, Lucy M. Mount and Catherine Zuber. An interesting meeting ensued, a paper being read from Miss Carrie M. Bechtle, who is now at the Presidio, California. Plans were discussed for the entertainment of the Indiana State Nurses' Association, which will meet here in the spring.

STATE MEETINGS

NEW YORK.—The first informal meeting of the New York State Nurses' Association was held at the Kings Co. Medical Society Library, Brooklyn, N. Y., on Tuesday, November 20, 1906. The meeting was well attended, over three hundred nurses, representing forty-two different schools, being present. The president, Miss Davids, was in the chair.

The morning session was devoted to informal discussions of various subjects, the first of which was "Remuneration of Graduate Nurses on Special Hospital Duty." The discussion was led by Miss Rhodes of Bellevue, showing that the majority of hospitals in Greater New York charge the patient from twenty-five to twenty-eight dollars per week, the nurse, in the majority of cases, receiving but twenty-one dollars for her services, the remaining money paying her board.

Most of the nurses present seemed to think this was unjust, as patients employing nurses on cases outside the hospital always furnish their board, whether at home or in the most expensive hotels, and when one considers that many of the nurses must pay at least ten cents daily carfare to reach their hospital, it reduces their income to only $20.30.

"Should Graduate Nurses Wear Their School Uniform?" was a subject on which opinions were about equally divided. The advocates of white claimed that it was more easily disinfected, and compelled the wearer to always appear clean. The advocates of school uniforms claimed they were more distinctive, and showed loyalty to the school from which a nurse had graduated. A state uniform or insignia on the arm of an R.N. was also discussed, but did not meet with general approval.

"Should a Nurse Take a Case from Which Another Nurse Has Been Dismissed Without Just Cause?" was the next subject under consideration. Decidedly "yes" was the general opinion; so long as the patient was ill and required nursing, it was the duty of any nurse to take the case.

Dr. G. Morgan Muren, of Brooklyn, read a most instructive paper on "Sanitary and Moral Prophylaxis."

The officers and speakers of the day were entertained at luncheon by the Graduate Nurses' Association of the County of Kings. The afternoon session was devoted to papers on "The Education and Training of Nurses." Dr. William Francis Campbell, President Kings County Medical Association, welcomed the nurses most cordially to the beautiful building of the association. After this, the first paper of the afternoon was read by our old friend, Dr. A. T. Bristow. It was entitled "Is the Present System of Training Fair to the Pupil Nurse?" The subject was then presented from the point of view of the Training School Board of Managers by Mrs. William Church Osborne, of Manhattan, and Mrs. H. C. Riggs, of Brooklyn; "Patient," Mrs. Tunis Bergen; "Superintendents of Training Schools," Miss N. Cadmus, Superintendent of S. R. Smith Infirmary, Staten Island; "State Board of Nurse Examiners," paper by Miss S. F. Palmer, read by Miss Damer; "Ideas of a Graduate Nurse," Miss L. L. Dock. Several of these papers will appear in the January number of the JOURNAL.

Subscriptions for the JOURNAL were solicited, and seven new subscriptions gained.

In the evening, the Executive Committee held another meeting at 14 East Forty-second Street. All the superintendents of training schools of Greater New York, together with the Board of Nurse Examiners, Chancellor McCracken of the University of the State of New York, Dr. Le Fevre, Dean of the Medical Faculty, and Dr. H. L. Taylor of the Regent's Office, were invited to join with them to discuss the advisability of establishing a central school for nurse probationers. Thirty-two of the forty-five invited attended, and a free discussion ensued.

Miss Davids, President of the State Association; Miss Damer, of the Board of Nurse Examiners, and the Misses Goodrich, Cadmus, and Sanborne, superintendents of training schools, were appointed a committee to look into the matter more closely and to report to the State Association.

FRIDA L. HARTMAN, R.N.,
Secretary.

PENNSYLVANIA.—The third annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held at the Hotel Rittenhouse, Philadelphia, Pa., on October 17th, 18th, and 19th.

The first meeting, held on Wednesday afternoon, was an open meeting, and

an interesting programme had been prepared by the committee on arrangements: Invocation, Rev. Floyd W. Tomkins, S.T.D.; address of welcome, Mayor John Weaver; address, Dr. W. M. L. Coplin; address, Miss Dora Keen; address to nurses, Dr. Henry Beates.

The meetings of both Thursday and Friday were executive sessions. Thursday morning was devoted to routine business, and Thursday afternoon to a discussion of the bill which is to be presented at the next session of the Legislature. The Philadelphia nurses gave an informal reception in the parlors of the Hotel Rittenhouse on Thursday evening.

On Friday morning there was much routine business to be finished and many reports to be heard. The question of "Skilled Nursing Care for the Great Middle Class" was not as fully reported on as had been hoped for, and will again be brought up at the next meeting.

The election of officers for the coming year was held on Friday afternoon: President, Miss Roberta West, Wilkes-Barre, Pa.; first vice-president, Miss Helen F. Greany, Philadelphia, Pa.; second vice-president, Miss Anna M. W. Pennypacker, Harrisburg, Pa.; secretary, Mrs. Edwin W. Lewis, Braddock, Pa.; treasurer, Mr. William McNaughton, Pittsburg, Pa.; third director, Miss Mary J. Weir, Braddock, Pa.; fourth director, Miss C. I. Milne, Philadelphia, Pa.; chairman of Legislative Committee, Miss Helen Hunt, Pittsburg, Pa.; chairman of Membership Committee, Miss N. A. Cummiskey, Philadelphia, Pa.; chairman Arrangement Committee, Miss Constance Curtis, Phœnixville, Pa.

The invitation extended by the nurses of Reading, Pennsylvania, to hold the spring meeting at their city on May 15th, 16th, and 17th, was accepted.

The Association voted twenty-five dollars for the endowment fund for the chair of hospital economics. This sum was increased to thirty-four dollars by individual subscriptions. MAUDE W. MILLER, Assistant Secretary.

WASHINGTON, D. C.—The annual meeting of the Graduate Nurses' Association of the District of Columbia was held at the Garfield Memorial Hospital, November 6th, at 3 P.M., the president, Miss G. M. Nevins, in the chair. Two items of business were transacted: first, that a central directory be organized and managed by the Association, and, second, by a unanimous vote, that one hundred dollars be given to the National Associated Alumnæ for the purchase of a share of stock in THE AMERICAN JOURNAL OF NURSING. The officers elected for the coming year are: President, Miss G. M. Nevins, Garfield Memorial Hospital; first vice-president, Miss Marian Little, National Homœopathic Hospital; second vice-president, Miss A. White, The Victoria; secretary, Miss Elizabeth M. Hewitt, The Victoria; treasurer, Miss Peron E. Jennings, The Children's Hospital. ELIZABETH M. HEWITT, Secretary.

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its regular quarterly meeting at William Backus Hospital, Norwich, Connecticut, on Wednesday, November 7, 1906, at 1.30 P.M. Dr. Symington, superintendent of the hospital, welcomed the nurses, and spoke briefly and suggestively on state registration.

The regular business meeting followed, Miss R. Inde Albaugh, of Grace Hospital, New Haven, presiding.

The subject for discussion, "The Value of the Externe Service in the Train-

ing School Course," was presented in a paper read by Mrs. E. Baldwin Lockwood. Miss Emma L. Stowe, superintendent of the Connecticut Training School for Nurses, New Haven, defended the attitude taken in the paper. Miss Andrews, of Waterbury, and Mrs. Rogers, of New York, spoke against the externe service.

The next meeting will be held in Bridgeport, in February, and will take for its subject " The Responsibility of the Registered Nurse."

A meeting of the executive board followed the regular meeting.

The nurses were most pleasantly entertained by Miss Love, superintendent of the Training School. Refreshments were served, and many nurses were shown about the perfectly appointed hospital. E. B. Lockwood, Secretary.

Michigan.—A joint meeting of the Committee on Charities and Corrections of the Michigan State Federation of Women's Clubs, of which the Rev. Caroline Bartlett Crane is chairman, and the State Nurses' Association, Mrs. L. J. Lupinski, chairman, was held early in November in Grand Rapids. Work for both these committees was planned, among other things being the movement for placing a trained nurse in the county homes of the state. It is hoped that enough money to try the experiment in the county homes of Kent and Muskegon will be furnished by individuals and clubs.

Maryland.—The fall meeting of the Maryland State Association of Graduate Nurses was held at the University of Maryland Hospital on Tuesday, October 30, 1906. The president, Miss Mary C. Packard, presided.

Several of the committees reported good work accomplished. Miss Mary E. Lent, chairman of the committee on tuberculosis work, stated that a nurse who gives all of her time to the care of tuberculous patients among the poor had been supported by the members of this association since May 1, and there is little doubt but that this nurse will be kept in the field for a whole year. It is hoped that by that time other arrangements can be made for her support. This work has been carried on under the direction of the Instructive Visiting Nurses' Association of Baltimore.

Since the last meeting, in May, a committee of nurses has been appointed by the executive committee of the Maryland branch of the Red Cross Society, to assist them in the work of enrolling a corps of Red Cross nurses in Maryland, and the announcement was made that the Maryland Branch of the American National Red Cross Society was ready to begin the enrolment of nurses.

After the reports a paper was read by Miss Marie A. Gorter on the " Needs of Small Hospitals," and the subject was freely discussed. It was very clearly brought out that what our small hospitals in Maryland lack most is theoretical training, and, following a suggestion of our honorary president in her last annual address, a motion was made that the president should appoint a committee whose duty should be to investigate ways and means of establishing a central school in Maryland, where nurses should receive their theoretical training, and then receive their practical training in the various small hospitals.

After the meeting adjourned, tea was served by the reception committee.

Sarah F. Martin, Secretary.

Ohio.—The third annual meeting of the Ohio State Association of Graduate Nurses was held in Dayton, Ohio, October 16th and 17th, in the assembly room of the Algonquin Hotel, the president, Miss Ella Phillips Crandall, presiding.

Invocation—The Rev. Maurice E. Wilson, D.D.

Address of welcome—Mrs. Charlotte Reeve Conover.

Mrs. Conover's welcome was most hearty, and closed with the hope that our organization might grow to larger and wider things, and be a source of power and strength in the state of Ohio.

In the address of our president, Miss Crandall, she stated that, although nothing tangible has been secured in regard to state registration, our defeat has become our inspiration. If we cannot have legal protection, we will make our own inherent strength our protection, and that strength shall come to us through the bonds of closer acquaintance, better understanding, common purpose, united efforts, and uniform methods.

Minutes of last meeting, reports of treasurer and committees.

Discussion, "The State Society as an Educator vs. State Legislation for Nurses," conducted by Mrs. Hunter Robb, followed by Miss Mary Hamer Greenwood and Miss Elizabeth M. Ellis.

This discussion was most exhaustive, and convinced the association that our energies must be largely directed to the educational advancement of our standard, rather than with the hope of gaining anything in a legislative way under existing conditions in Ohio. As an outgrowth of this discussion, a fund known as the Educational Fund of the Ohio State Nurses' Association was begun. Miss Anna Lawson, of Akron, was appointed chairman of committee on this fund, with power to choose her associates. Afternoon tea was served in the hotel parlors. At eight P.M. a most excellent address on "Defective Brain" was delivered by Dr. R. H. Grube, Xenia, Ohio.

Wednesday, A.M., the programme was:

"How to Supply Skilled Care to Families of Moderate Means," by Mrs. S. E. Stone, Mt. Carmel Hospital, Columbus, Ohio; "The Nurse's Duty in Caring for Contagious and Specific Diseases in Towns and Cities Without Contagious Hospitals," by Miss Marie Anna Lawson, City Hospital, Akron, Ohio; "The Tuberculosis Camp in Columbus," by Miss M. Ellen Kershaw, Superintendent, Visiting Nurse Association, Columbus, Ohio; "Mortality Among Infants, and Its Prevention," by Miss Upjohns, Superintendent, Rainbow Cottage, Cleveland, Ohio; "District Nursing in Cleveland, and Its Work Among the Blind," by Miss M. L. Johnson, Secretary, District Nurses' Association, Cleveland, Ohio; "The Private Nurse—Her Duty to the Public," by Miss Elizabeth Carothers, Graduate Johns Hopkins Hospital, Cincinnati, Ohio; "Her Duty Toward Her Local and State Organizations," by Miss Fannie F. Adler, Graduate Jewish Hospital, Cincinnati, Ohio.

The papers were most excellent, and were freely discussed. The following officers were elected for the ensuing year: President, Mary Hamer Greenwood, Cincinnati; first vice-president, Olive Fisher, Cincinnati; second vice-president, Elizabeth M. Ellis, Cleveland; third vice-president, Ella Phillips Crandall, Dayton; fourth vice-president, Anna Lawson, Akron; fifth vice-president, Matilda Johnston, Cleveland; sixth vice-president, Elizabeth M. Hartsock, Springfield; treasurer, Emma A. Doe, Columbus; secretary, Mary Ellen Kershaw, Columbus.

The president announced the next annual meeting would be held at Cincinnati. The meeting then adjourned, and we were most delightfully entertained at a reception at the home of Mrs. Carl Berlin, National Military Home.

ELIZABETH M. HARTSOCK, Secretary.

PERSONALS

Miss S. C. Graham, Class of '06, Chester Hospital Training School, has gone to the Italian Hospital to assist Miss Macmunn.

Miss Rose A. Keating, of the Baltimore City Hospital (Class of '06), has accepted a position at the Tom Franklin Hospital, Columbus, Mississippi.

Miss Margaret D. Murray and Miss Geneva L. Dunkle, of the Baltimore City Hospital (Class of '06), have been appointed and assigned to duty at the Ancon Hospital, Ancon, Isthmian Canal Zone, Panama.

Miss Sara Ward, of the Baltimore City Hospital (Class of '01), has accepted the position of chief nurse of private operating room in her own hospital, with Miss Annie V. O'Leary (Class of '04) as her assistant.

Miss Myrtle Lynch, of Evansville, Indiana, has gone to Los Angeles, California, for an extended trip. She will enter a hospital there for a post-graduate course, and also hopes to be benefitted in health by a change of climate.

The Redlands Hospital, Redlands, California, has started a Training School for Nurses. Course three years. Miss Edith M. Hodgins, North Adams Training School, North Adams, Massachusetts, Class of 1902, Superintendent; Miss Ester Haven, Illinois Training School, Chicago, Illinois, Class of 1902, Assistant Superintendent.

Miss Birdie P. Gross, Class of '04, Medico-Chirurgical Hospital, Philadelphia, for the past two years Superintendent of Nurses at Lynchburg Sanatorium, Lynchburg, Virginia, has resigned her position, and is now at her home in Freeland, Pennsylvania, where she will be married shortly to Dr. E. Manford Nighbert, U.S.I., B.A.I., who is now stationed at Atlanta, Georgia.

Miss Hester L. Page, R.N., Superintendent of the Oil City Hospital, Pennsylvania, who has been subjected to most annoying comments from the public press because of her efforts to correct certain deplorable conditions existing in the hospital, has been sustained by the Board of Directors of the institution. At a meeting of the Board held on October 21, the following resolution was adopted:

"Whereas, The action of the nurses, who left the hospital in a body May 16, 1906, without warning, abandoning the twenty-eight patients in the hospital at the time (some of whom were then in critical condition), was unwarranted and inexcusable, and

" Whereas, The support and approval of some of the doctors of the city given such nurses, as well as the methods employed by them since, in abandoning the hospital, and in endeavoring to influence public opinion against Miss Hester L. Page, the superintendent, with the view of forcing her retirement, have been most objectionable and deplorable, and

" Whereas, The charges and allegations of these nurses, and some of the doctors, after a full investigation, were not (in our opinion) sustained, and

" Whereas, The attacks upon Miss Page in the press have been most unfair and unjust, holding her, a defenseless woman, up to ridicule, and

"Whereas, the management of the hospital during her administration has been particularly efficient and thorough, therefore be it

"Resolved, That we support and sustain Miss Page.

(Signed.) KENTON CHICKERING.
S. Y. RAMAGE.
B. F. BRUNDRED.
W. R. BARR.
H. H. RAND.
J. M. REED.
D. J. GEARY.
WILLIAM HASSON.
O. H. STRONG.
E. R. SHEPARD.
J. B. CRAWFORD."

An organization of women representing prominent ladies of the city also passed resolutions in support of Miss Page.

BIRTHS

ON October 27, at Newtonville, Massachusetts, a son to Mrs. Charles R. King. Mrs. King was Miss Annie L. Gates, Class of 1894, Illinois Training School, and a Spanish-American War nurse.

MARRIAGES

IN Madison, Wisconsin, September 12, Miss Emma Finch Hicks to Mr. Thomas Savage. Mr. and Mrs. Savage will make their home near Janesville, Minnesota.

AT Newark, New Jersey, September 26, Miss Elizabeth Irene Somers to Dr. Perry B. Preston. Dr. and Mrs. Preston will make their home at Tobago Sanitarium, Panama.

AT Newark, Maryland, August 29, Miss Alethea Janney to Mr. William S. Martin. Mr. and Mrs. Martin will live at Durham, N. C.

AT Mill Valley, California, October 16, Miss Mary E. Owen to Mr. Henry E. Taylor. Mr. and Mrs. Taylor will make their home at Mill Valley.

IN El Paso, Texas, October 15, 1906, Miss Mary H. MacDougall to Mr. Louis J. Owens. Miss MacDougall was graduated from the Rhode Island Hospital Training School, class of 1903, and from that time to September, 1906, was nurse in charge of the operating room. Mr. and Mrs. Owens will reside at Morenci, Arizona.

OBITUARY.

DIED at her sister's home in Northside, Cincinnati, Ohio, May 16, 1906, Mrs. Kate B. Ringold, graduate of the Cincinnati Training School, Class of '96. Mrs. Ringold was at one time president of the Alumnæ Association, and was a very successful nurse both in hospital and private duty.

ON October 3, after a short illness, Miss Mary Platt, graduate of the Nathan Littauer Hospital, Class of '99, died at Gloversville, New York. Miss Platt was for a number of years in charge of Miss Foote's registry, New York City.

THE death of Miss Clara P. Tivey, a member of the Connecticut Training School for Nurses, took place at the New Haven Hospital, October 17th, of this year. While in pursuit of her work in that institution Miss Tivey contracted typhoid fever, which after a severe illness, proved fatal. The funeral took place Friday, October 19th, from the residence of her sister, Mrs. F. T. Jarman, of 195 Jefferson Street, Hartford, Connecticut.

Miss Tivey entered the school in February of this year, and won to a marked degree the respect and affection of those associated with her.

TRAINING SCHOOL NOTES.

OF the 441 graduates from the Toronto General Hospital School for Nurses, 249 are actively engaged in nursing, 141 are married, 8 are missionaries, and 20 have died.

THE Passavant Memorial held graduating exercises on November 15th. The names of the nine nurses receiving diplomas were: Nettie Ellen Duebel, Cambridge City, Indiana; Anna Jane Zeigler, Freeport, Illinois; Margaret Bidinger, Rockford, Illinois; Maude Essig, Elkhart, Indiana; Martha Anne Wallace, Belfast, Ireland; Mary Edna Kennedy, Brookston, Indiana; Laura Grosstueck, Manitowoc, Wisconsin; Clara Belle Walker, Ilderton, Ontario; Charity Adelaide Moore, Canton, Illinois.

HOPE HOSPITAL, Fort Wayne, Ind., held graduating exercises on October 26, when the following nurses were given their diplomas: Miss Annabel McCallum, St. Thomas, Ont.; Miss Mabel P. Sanders, Sarnia, Ont.; Miss Helen Palmer, Wallaceburg, Ont.; Miss Irene Byron, Pittsburg, Pa.; Miss Mabel A. Files, Fort Wayne, Ind.; Miss Eva B. Glasgow, St. Thomas, Ont.; Miss Corris L. Hammond, Prattville, Mich.; Miss Katherine B. Hartman, Fort Wayne, Ind.; Miss Lydia E. Kreutziger, Elkton, Mich.; Miss Dessie E. Kelsey, Zanesville, Ind.

IN view of the great demand for nurses trained in the care of chronic medical cases, and the rapidly increasing need for those trained in nursing tuberculosis and cancer, the managers of the House of the Good Samaritan, Boston, Massachusetts, have decided to give a Post-graduate Course in these diseases, as well as in Orthopedic Surgery and Nursing.

The hospital is a new building, opened July, 1905, modern in every way, and perfectly equipped. In the near future a Hydrotherapy room will be opened, thus adding another important branch to a Post-graduate Course.

Information in detail may be had from the Superintendent, Miss Louise M. Coleman, House of the Good Samaritan, corner Francis and Binney Streets, Boston, Massachusetts.

THE graduating exercises of the Class of 1906 of the Lutheran Hospital Training School for Nurses, St. Louis, Mo., were held in the Aula of the Concordia Seminary Thursday evening, October 25. A good programme was rendered of both vocal and instrumental music, and two addresses, one in English and one in German. The entertainment was concluded by the presentation of diplomas to the following: Miss Emma Martens, Alma, Mo.; Miss Leonora Habighorst, St. Louis, Mo.; Miss Louise Roth, Frohna, Mo.; Miss Emma Wiegner, St. Ansgar, Iowa; Miss Hedwig Mueller, Dalton, Ill.; Miss Anna Manuel, Lincoln, Kans.; Miss Emma Ponko, Ludington, Mich.; Miss Charlotte Schweim, Atchison, Kans.; Miss Emilie Schmidt, St. Louis, Mo.; Miss Martha Hauser, St. Louis, Mo.; Miss Anna Erickson, Kansas City, Mo.; Miss Emma Cook, Cape Girardeau, Mo.; Miss Frieda Laudsky, Brodhagen, Kans.; Miss Bertha Wohlers, Manning, Iowa; Miss

Rosina Stuenkel, Chicago, Ill.; Miss Marie Borthel, St. Louis, Mo.; Miss Emma Ohlendorf, Ocheyeden, Iowa; Miss Anna Struckmeyer, St. Louis, Mo.; Miss Paulina Hollrah, St. Charles, Mo.; Miss Marie Gast, St. Louis, Mo.

The evening following, the graduating class was entertained with a banquet by the alumnæ of Lutheran Hospital Nurses of St. Louis at the commodious residence of Dr. E. H. Kessler, No. 3446 Shenandoah Avenue. The house was artistically decorated with the class flower, the chrysanthemum, and ferns, while a panel on the wall in turquoise blue and gold, the class colors, bore a Maltese cross, the class pin, with the inscription of the class motto: "Go forth with patience, trust, and hope." Dr. Kessler made the opening address, in which he impressed on the nurses that the great essential quality was cheerfulness. Miss Brockman, president of the alumnæ, cordially invited the graduates to join the association. Toasts cheerful and sober were exchanged. Miss Wiegner acted as class historian, Miss Schmidt poetess, Miss Manuel prophetess, Miss Wohlers valedictorian. The Misses Rollman assisted by rendering a dialogue, and Mrs. Kessler, our worthy hostess, gave us selections on the piano. The guests were conveyed from and to the training school in the special car "Sans Souci."

NORTH CAROLINA EXAMINATION QUESTIONS

THE questions used by the North Carolina Board of Examiners of Nurses at the May, 1906, examination, are given below. The papers on Anatomy, Physiology, and Surgical Nursing were prepared by the medical members of the board; the other papers by the nurse members of the board.

PRACTICAL NURSING AND HOUSEHOLD HYGIENE

1. Give a definition of a contagious disease; of an infectious disease.
2. What precaution should a nurse observe when caring for patients suffering from communicable diseases?
3. Describe a *model* sick-room—location, furniture, ventilation, and care necessary.
4. How do you give a cold sponge bath to reduce temperature?
5. Give formula for good nutritive enema.
6. How do you prepare normal salt solution?
7. Describe a baby's first bath.
8. How would you prepare your patient for anæsthesia? Name half a dozen things that the nurse must always have ready for an operation in a private house.
9. What is the normal rate of pulse and respiration?
10. How do you arrange for a croup kettle, and what must the nurse look out for?

INVALID COOKERY

1. Define food.
2. From what source do we obtain proteids, salts, and fats?
3. Why is a mixed diet advisable?
4. What articles of food would you exclude from the diet of an invalid? Why?

5. What is the source of starch?
   (a). Give test for starch.
   (b). Name the starch digesting enzyms, and tell where found.
   (c.) Name six or more starchy foods.
   (d). What general rule should be observed in the cooking and eating of starchy foods?
   (e). What part do starchy foods supply in the human system?
6. Tell how you would cook oatmeal, grits, and cornmeal gruel.
7. What is the best method of cooking white potatoes?
8. Give a recipe for a light and easily digested corn muffin.
   (a). Do you consider griddle cakes wholesome? Give reasons.
9. Name four easily digested albuminoids, not including eggs and chicken.
   (a). Give best method of cooking each.
10. What are sweetbreads?
   (a). What care should be used in selecting and keeping them? How cook?
   (b). What part do albuminoids supply in the system?
11. Name the easily digested vegetables, and tell how you would cook them.
   (a). Of what use are vegetables in the system?
12. Are fats essential to a perfect diet? Why are lard, tallow, etc., unwholesome?
13. Why are fruits beneficial? Name the easily digested ones.
14. Does the addition of sugar to fruits increase their digestibility?
15. What are the chief ingredients in fruits?

MEDICAL NURSING

1. What is sometimes one of the serious complications of measles? What can the nurse do to guard against this danger? What lasting injury is often caused by measles, and how can the nurse make this less liable to occur?
2. What is the seat of disease in dysentery? Name some of the symptoms. What precaution should the nurse take to render this disease less dangerous?
3. What is a tincture? A spirit?
4. Give some of the toxic symptoms of strychnia. Of arsenic.
5. Give the table of apothecary's measures.

OBSTETRICAL NURSING

1. What is the second stage of labor?
2. If left to you to dress the baby's cord for the first time, how would you do it?
3. In case of post-partum hemorrhage, the doctor being absent, what is the essential thing for the nurse to do?
4. Tell how you would prepare a patient for labor.
5. How do you distinguish true labor pains from the false?

SURGICAL NURSING

1. Describe the preparation of catgut by the cumol method.
2. Are there any diseases you would not go directly from to a major operation? If so, why? Name them.

3. How would you make plaster of paris bandages and plaster of paris paste?
4. Name the most common infectious bacteria, and where are they to be found?
5. Give formula of one good nutrient enema, and the proper amount to give.
6. Give formulæ of three best evacuating enemas, and the proper amount to give.
7. What is the best diet and drink for a patient who is badly nauseated during first forty-eight hours after an operation?
8. Describe the proper method of sterilizing and putting on rubber gloves.
9. Describe the preparation of the bed for the reception of a patient who has just been operated on.
10. What is the Trendelanburg position, and what is its purpose?

ANATOMY AND PHYSIOLOGY

1. Difference between a secretion and an excretion?
2. What digestive ferment found in the saliva?
   (a). What furnishes this ferment?
3. Function of the pancreas?
   (a). What part in the digestive process does the bile take?
4. Describe physical characters of the blood?
5. Describe blood coagulation.
6. Describe red cells and white cells.
   (a). Proportion of red and white cells.
7. Physical properties of urine?
   (a). Normal reaction?
   (b). To what is normal reaction due?
   (c). Amount passed in twenty-four hours?
8. What is Broca's center in the brain?
   (a). Define aphasia?
9. Define incoördination.
   (a). What part of the cerebrospinal system controls this?
10. What is the function of the liver?
   (a). Describe digestion of fats?
   (b). What foods are digested in intestinal tract?

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING NOVEMBER 15, 1906.

BECHTLE, CARRIE, graduate of Christ's Hospital, Cincinnati, 1896, and Superintendent, Deaconess' Hospital, Evansville, Indiana, one year, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

BUZZA, MARY, graduate of Illinois Training School, 1906, appointed October 8 for emergency work at Fort Sheridan, Illinois, discharged.

BROCK, SARAH A., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

DAVIS, ANNA L., transferred from Division Hospital, Manila, to Fort McKinley, P. I.

DENAHY, MARIE, transferred from Fort Sheridan to the General Hospital, Presidio of San Francisco.

DOERSCH, CLARA CECELIA, graduate of Pittsburg Training School, Homœopathic Hospital, 1897, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Presidio of San Francisco to duty at the General Hospital, Fort Bayard, New Mexico.

HANSON, BERNICE E., en route to the United States, via the Suez, from the Division Hospital, Manila, P. I.

HINE, M. ESTELLE, formerly on duty at Division Hospital, Manila, home on leave, under orders for discharge.

KELIHER, JOSEPHINE F., formerly on duty at Division Hospital, Manila, home on leave, under orders for discharge.

KING, ROSANNA M., transferred from Presidio of San Francisco to the General Hospital, Fort Bayard, New Mexico, for duty.

PHILIPPENS, MINNIE A., transferred from Division Hospital, Manila, to Iloilo, P. I.

PIERCE, MARGARET, formerly on duty at Camp Keithley, P. I., home on leave, under orders for discharge.

RECTOR, JOSEPHINE, formerly on duty at General Hospital, Fort Bayard, discharged.

SMITH, CATHARINE, transferred from Fort William McKinley to Zamboanga, P. I.

WILLIAMSON, ANNE, en route to the United States, via the Suez, from the Division Hospital, Manila, P. I.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

OBSTETRICS FOR NURSES. By Joseph B. De Lee, M.D., Professor of Obstetrics in the Northwestern University Medical School of Chicago. The new (Second) Revised Edition. 12mo of 510 pages, fully illustrated. Price $2.50. Philadelphia and London: W. B. Saunders Company.

This book, which was reviewed in these pages on its first appearance, two years ago, is already so well known that it needs no further introduction. The present edition includes the latest methods in obstetrical nursing; these very naturally remain very much as they were two years ago. In the part devoted to visiting or district nursing, there are some new and practical suggestions, notably the recommendation of old newspapers, which when sterilized may supply a shortage of linen, rubber sheets, and even basins. We may gather from this that Chicago is not behind New York in multiple editions daily of the newspaper. We note the use of a new mercurial solution, Sublamin, used as a substitute for bichloride and in the same proportion; a new way of generating formaldehyde vapor; and also a new preparation of albumen, soluble in water, called Calodal, used hypodermically in a five per cent. solution, and also added to the nutrient enema, or forming its chief ingredient.

DORLAND'S AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A new and complete dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and kindred branches; with over one hundred new and elaborate tables and many handsome illustrations. The new Fourth Revised Edition. By W. A. Newman Dorland, M.D. Large octavo, over 850 pages, with two thousand new terms. Flexible leather, $4.50 net; indexed, $5.00 net. Philadelphia and London: W. B. Saunders Company, 1906.

The fourth edition of Dorland's dictionary comes to us with every adjunct of sumptuous elegance that the printer and binder can devise. The result is a delight to the eye, in the warm coloring of red and gold, while the touch and odor of the leather cannot fail to awaken a feeling of gratitude in any one who uses the book.

Perhaps nowhere else in English literature is there such a constant

growth in the vocabulary as in the field of medicine. Dr. Dorland does not allow these new words to escape, and every year rounds up all the new additions. He claims to have added two thousand to this year's list, as well as adding to the illustrations most generously.

PROPHYLAXIS AND TREATMENT OF INTERNAL DISEASES. By Frederick Forchheimer, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine, Medical College of Ohio, University of Cincinnati, Cincinnati, Ohio. D. Appleton & Co., 436 Fifth Avenue, New York.

While primarily written for physicians and advanced students, this book is nevertheless recommended to every nurse who finds satisfaction in intelligent observation of the cases which it is her privilege to assist in caring for. The name of the book is itself a hint of its contents. The writing is of distinct style, showing the author to be master of writing as well as of medicine. The practical tone of the book reveals itself more particularly in such pages as the general prophylaxis of diseases of the respiratory tract, or prophylaxis in tuberculosis.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania, and Lecturer on Physical Diagnosis at the University of Pennsylvania. New Seventh Edition, thoroughly revised. 12mo of 556 pages, illustrated. Flexible leather, $2.50 net. Philadelphia and London: W. B. Saunders Company, 1905.

The seventh edition of this rather unique work appears in fine black leather binding. It retains its original plan for giving in brief and condensed form the results of the great army of writers who have written at length on special subjects.

Not a book for reading, so much as a handy reference work, covering a very extensive field, and including all the diseases usually described in a practice of medicine.

TEXT-BOOK OF MIDWIFERY FOR NURSES. By Robert Jardine, M.D., Edin., M.R.C.S., Eng., F.F.P. & S., Glasgow, F.R.S., Edin. London: Henry Kimpton. Chicago: W. T. Keener Co.

W. T. Keener of Chicago introduces the third edition of this book, which, however excellent in its own habitat, is too far removed from its proper zone to flourish here. The midwife, one of the oldest institutions in the world, has not flourished in America. No nurse desires to assume responsibility in midwifery, even if the law allowed her to. As a handbook on obstetrical nursing, the book has much to recommend it, although it is not to be placed in the same category as those by our own writers on the same subject.

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President, Miss Crandall, Dayton, Ohio.
Secretary, Mrs. Elizabeth Mason Hartsock, Springfield, Ohio.

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, Miss Roberta West, Wilkes-Barre, Pa.
Secretary, Mrs. Edwin W. Lewis, 523 Second Street, Braddock, Pa.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, Miss Lucy C. Ayres, Rhode Island Hospital, Providence, R. I.
Secretary, Miss Margaret J. McPherson, 99 Clay Street, Pawtucket, R. I.

VIRGINIA STATE NURSES' ASSOCIATION.

President, Miss M. E. Brydon, 714 Colquhoun Street, Danville, Va.
Corresponding Secretary, Miss M. J. Minor, 108 North Seventh Street, Richmond, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, Mrs. A. S. Marshall, Spokane, Wash.
Secretary, Mrs. Schofield, Spokane, Wash.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, Mrs. George Loundsbury, Charleston, W. Va.
Secretary, Miss Margaret Joachim, Charleston, W. Va.

THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | JANUARY, 1907 | NO. 4

EDITORIAL COMMENT

WORK FOR THE NEW YEAR

In the December number of the *Federation Bulletin* Mrs. Sarah S. Platt-Decker, President of the General Federation of Women's Clubs, sends for a Christmas and New Year's greeting three wishes, "epitomized [as she says] into a tenet for the federation, for every club, and for every member thereof, in the coming year, in all study or work undertaken—

"Never frown, never sigh,
And keep step."

We pass Mrs. Decker's greetings on as a New Year's rule of action for our great body of nursing organizations, for the year 1907. We need, just at this time, a steady, unflagging interest to hold what we have gained; first of all courage and cheerfulness, and then a long, steady, even pull all together.

While we were in the stage of securing the passage of laws for state registration, we felt, perhaps, that the hardest of the work was being done, but in those states where the laws are in operation the holding fast to the standards that have been secured, and the combatting of the commercial and oftentimes malicious attacks upon those standards, require constant vigilance and an unbroken front. This is not a condition peculiar to the laws governing state registration for nurses, for we know that the women's clubs and other groups of public-spirited workers are having the same conditions to contend with in safeguarding laws governing child labor, working hours for women in factories, etc. It is the indifference and preoccupation of citizens that make the passage of unwise laws, and the repealing of good laws, possible. Nurses must appreciate their responsibility as citizens if our laws are to be main-

tained. Indifference and lack of unity are the two great factors which will lead to the undoing of what has already been gained, and when everything is apparently quiet is the time when our legislative committees need to be most vigilant.

In those states where laws for state registration have been enacted the local organizations should not be permitted to lose their interest in this very vital matter, but the manner in which the law is being administered, the practical results that are being obtained through it in the way of raising nursing standards, and the protection which it is affording to the public, should be constantly discussed, the weak points and the strong points in the statute should be kept before the members, and each individual should be made to feel her personal responsibility in intelligently sustaining those who bear the burden of the administration. It is only through this active, intelligent coöperation of the individual members, and a close affiliation of organizations, that we can "keep step" and lift the standards already obtained to a higher plane during the year 1907.

To the great army of nurses who are marching with us the world over, we wish "A happy and progressive New Year!"

THE VOLUNTEER CORPS AND RED CROSS NURSES

The Surgeon General of the Army has authorized the publication of the following facts in regard to the relations of the Eligible Volunteer Corps and the Red Cross nurses in time of national calamity or war:

1. The purposes of the American National Red Cross, and its relation to the Medical Department of the Army, are quite clearly stated in the Act of Congress, approved January 5, 1905, incorporating it. Its purposes are stated in Section 3 of that act to be:

First. To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the conference of Geneva of October, eighteen hundred and sixty-three, and also of the treaty of the Red Cross, or the treaty of Geneva, of August twenty-second, eighteen hundred and sixty-four, to which the United States of America gave its adhesion on March first, eighteen hundred and eighty-two.

Second. And for said purposes to perform all the duties devolved upon a national society by each nation which has acceded to said treaty.

Fourth. To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy,

and to act in such matters between similar national societies of other governments through the "*Comité International de Secours,*" and the Government and the people and the Army and Navy of the United States of America.

Fifth. And to continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same.

When the National Red Cross in time of war offers its assistance to the Medical Department of the Army, and such assistance is accepted, whether it be in the shape of personnel, supplies, money, or means of transportation, these will come under the control of the military authorities.

2. The eligible volunteer list is intended to afford a selected personnel for the prompt expansion of the Army Nurse Corps whenever this becomes necessary, and these nurses are, of course, paid by the Government. Red Cross nurses are selected and furnished by the constituent branches of the American National Red Cross, not only to render assistance to the military forces of the Government in time of war, but also for the purposes named under the fifth head of the third section of the Act of Incorporation, above quoted.

The duties of these two classes of nurses when attached to the Army will be practically identical, and the character of their assignments will not be necessarily different.

3. It is not probable that the National Red Cross will offer its assistance to the Medical Department of the Army except in times of great national emergency, and it is thus probable that the eligible volunteer list of nurses would be drawn upon before the emergency became great enough to require assistance from the Red Cross.

4. There seems to be no reason why the lists should become identical, although there is no reason why the same individuals should not enter their names on both the eligible volunteer list and as Red Cross nurses.

5. As the Red Cross personnel in time of war comes under military control, there could be no divided authority.

PROGRESS OF STATE REGISTRATION

We welcome Kentucky into the roll of states which have organized for state registration, which roll now numbers twenty-five.

NURSING EDUCATION: TEACHING PRACTICAL NURSING

One of the many problems which confront us at this time is in a lack of properly prepared nurses to teach nursing to nurses. So great has been the demand for nurses in private practice, so lucrative this branch of nursing work, that the great majority of women graduating from our schools naturally turn to this field. A combination of reasons make hospital work less desirable, and each year it becomes more difficult for the schools to procure able women for head nurses and for the teaching positions. An overcrowding of the field of private work, which will eventually come about, will keep larger numbers of the women trained, in the teaching field. More liberal compensation paid this important class of workers would improve these conditions immediately. Our profession is so young, and the departments of work from which a woman may choose so varied, that at this period the teaching field is not sufficiently attractive for the supply to be in any way equal to the demand. Sufficient attention has not been paid in many of our schools to the development of the purely executive and teaching ability of the pupils. On the other hand, the selection of women to fill hospital positions, or to take charge of training-schools, has too frequently been made without regard to the special qualifications which are necessary for success. The idea prevails, even to-day, among managers of hospitals and schools, that any good nurse, successful in private practice, can, after years of outside work, be placed in charge of a hospital or training-school and do satisfactory work. She may possess the womanly characteristics and be an excellent all around nurse, two very essential qualities, but if she has been ten or twelve years out of the hospital, her first years of administrative work will not be fruitful of satisfactory results. Women who have never held the position of head nurse of a ward, who have never had charge of an operating-room, who know nothing of the business methods of a hospital office, who have never supervised servants, who have never handled money for a corporation, who know nothing of the value of hospital furnishings or hospital supplies, or where they are to be bought, must spend at least a year in making mistakes before they become of much value to the institutions they are serving. Those of us who have gained our knowledge in this way know to what an extent the institutions which we have served have suffered. Special training in the administrative side of a hospital is a department of instruction for which we have as yet no school, beyond that of experience. Training-school teaching, which is still another branch, has been provided for in a limited way through the course in hospital economics at Columbia, but this school does not, as yet, supply the demand.

Too many of our able women, graduated from our great schools, are unwilling to undertake untried fields of work or to accept positions in isolated places, where the work is still of a pioneer character, the remuneration small, the responsibilities heavy, and the hours the whole twenty-four out of the day; where the love of the work must be sufficiently great to compensate for a multitude of objectionable conditions. In the earlier days of hospital and training-school development, we are inclined to think that the women with the true philanthropic spirit were more numerous than they are to-day, but perhaps it is only that the opportunities are so much greater that there are not enough women possessing this spirit to go around. However that may be, the fact remains that it is with great difficulty that really good women can be secured to fill the vacancies which occur in our ever-increasing number of hospitals, large and small, that maintain training-schools, and it is to this fact that we attribute many of the unsatisfactory conditions that exist at the present time. We need not only better teachers, but we need in greater numbers women of a broader general education, culture, and refinement in the nursing field, who shall be prepared, before they leave the hospital, for the more purely executive and teaching side of nursing work. The first responsibility here rests with the training-schools and hospitals, that the conditions shall be made such that the more highly educated classes of women will enter the nursing field; that hours in the ward shall be shorter, that the nursing force shall be larger, that living accommodations shall be not only sanitary but attractive, and that the instruction in all branches of nursing and executive work shall be systematically taught by experts in each department. This, we acknowledge, is more easily said than done, but it is being accomplished in some of our schools, and it may be accomplished in all when the responsibility of the hospital in this particular is more keenly appreciated.

The individual responsibility of a woman holding a position at the head of a hospital or training-school is overwhelmingly great. Perhaps in no walk of life does a woman exercise so broad and so lasting an influence. Of this personal responsibility we shall speak later.

MORAL PROPHYLAXIS

The *Journal of the American Medical Association* of October 20, 1906, contains a symposium on the subject of moral prophylaxis, consisting of seven papers, which cover the whole broad subject, contributed

by physicians from seven different states. These papers were read at the 57th annual session of the American Medical Association in June of 1906. It is the consensus of opinion of these writers that the broader education of children and young men and women in regard to the physiology and hygiene of sex is absolutely necessary, although the writers have not come to a conclusive decision in regard to the best methods of disseminating such knowledge. The paper by Dr. Muren, published in this issue, shows the general trend along which the society of moral prophylaxis is working, and we believe that such an awakening of the medical conscience in regard to the greatest of the social evils must be productive of a great reform movement. In the education of girls and women there would seem to be a field of special work for women physicians and trained nurses. It is certainly a subject that all nurses should understand and be prepared to fill whatever place is assigned to them in this movement, and to this end the matter should be brought before the nurses' clubs this winter. Dr. Muren's paper can be used as an introduction to a series of lectures or talks to be given by a physician of progressive thought along these lines.

SPANISH-AMERICAN WAR NURSES

THE following card of Christmas and New Year's greeting has been sent to every Spanish-American War Nurse, whether a member of the Association or not.

A Happy Christmas and a Prosperous New Year to all my comrades of the Spanish-American War. Are you a member of the Association? If not, why not? Let us in the year just dawning make "A long pull, a strong pull, and a pull all together," that we may accomplish the good that this great body of nurses is capable of doing. Our laurels of 1898 will profit little to our country and to ourselves if we are not, in the future, united in seeking greater opportunities at home for our profession. Will you help do this work?

Faithfully yours,

LAURA A. C. HUGHES, M.D.
President Spanish-American War Nurses.

We add our greetings to those of Dr. Hughes, and especially to those nurses who served in the Spanish war and are not members of the Society. There is a great work waiting for this Society to do, and every woman who has seen service should fall into line and do her duty to her profession as she did it to her country at the call of war.

A REVIEW OF STATE REGISTRATION

In this number of the Journal will be found the eight bills for the state registration of nurses which are now in force, and which have had their practical value clearly demonstrated. We are to give during the winter criticisms of the value of each of these laws, prepared by women who have been closely in touch with their administration in the several states.

Miss Riddle's paper, the leading article in this number, is presented especially for the benefit of new workers in the registration movement, but it should be read carefully by every nurse who wishes to keep herself informed upon all the lines of advancement. One should never become rusty upon a subject of such vital importance as this.

In our February number the second paper in this series will deal with the essential points in every bill, and how to pass it, and will be by Miss S. F. Palmer, President of the Nurse Board of Examiners of New York.

MISS GOODRICH AND THE NEW BELLEVUE

Perhaps the most noted event of the year of 1906 in the field of strictly training-school development has been in the reorganization of the old Bellevue school, which is to embrace not only the new Bellevue Hospital, but five of the smaller city institutions. The plans upon which this reorganization is being developed promise to make the Bellevue school the ranking school of this continent.

Miss Annie W. Goodrich, whose achievement in the nursing field places her among the greatest of our women, has been appointed to fill the position of superintendent of this training-school. Miss Goodrich is to have her own apartment, not connected with any of the hospitals, and the compensation which she is to receive is the most liberal, we think, of that being received by any woman engaged in nursing work.

We congratulate Bellevue upon having secured the services of so brilliant a woman, and we congratulate Miss Goodrich that her devotion to her profession has brought to her such honorable recognition.

THE NEXT NEW YORK STATE EXAMINATION

Reports from the one hundred and six registered training-schools for nurses in the state of New York showed some weeks ago that there were to be at least two hundred and thirty candidates come up for the examination in January.

These candidates must make individual application for admission to the examination, such applications to be addressed to the Examinations Division, Education Department, Albany, New York. Nurses who have not yet sent for their papers should do so at once.

These examinations begin January 29th, and extend until February 1st, and are held at Buffalo, Syracuse, Albany, and New York.

THE NEW YORK CURRICULUM

The curriculum for training-schools issued by the State Education Department in the early summer as "proof under revision" is now being printed in regular form as Bulletin No. 28 of the Department series. The first proof edition was exhausted very quickly, the demand for it being much more universal than was anticipated, and the May edition of the Journal, which contained it, also was out of print much earlier than usual.

Both the Board of Examiners and Dr. Taylor had hoped for a free criticism of the syllabus, but no changes of importance have been suggested, and to meet the demand for copies, which has been constant, the Department, after conference with the Nurse Board, decided to have it printed without revision.

It is to be borne in mind that the syllabus is suggestive and advisory, and not mandatory, and that the subjects recommended are to be studied from the standpoint of nursing education, not medical education, although medical terms must necessarily be used in the arrangement of the outline. Superintendents of schools for nurses understand this, but there seems to be misconception on the part of some physicians of the motive for and scope of the syllabus. That it is faulty, those who have prepared it are aware, but in a work so entirely new, suggestions coming from those who have attempted its practical application are necessary before great improvements can be hoped for.

A PROGRESSIVE MOVEMENT

The Alumnæ Association of the University of Pennsylvania Hospital has increased its annual dues to five dollars per year, which includes the subscription to The American Journal of Nursing, thereby leading a movement which it is hoped will become universal, and which we rejoice to see commenced.

If the affiliated societies of the Associated Alumnæ will follow the example of the University Hospital Alumnæ, we can make this magazine "the greatest thing on earth."

NURSES' RANK IN THE CANADIAN ARMY

A Nova Scotia paper is our authority for the following:

Miss Margaret C. McDonald, of Bailey's Brook, has been appointed to the Permanent Army Medical Service, with the rank of Lieutenant, and notified to report for duty at the Garrison Hospital at Halifax. Miss McDonald is one of the Canadian nurses who went to South Africa, and she recently held an important position in the Health Department of the Isthmian Canal Commission at Panama.

The Canadian Government seems to be more appreciative of the dignity of the nursing service of the army than our own. With rank for nurses in the army across the border, American nurses should make a great effort to secure it, and the Spanish-American War nurses should lead in creating public sentiment to this end. We are inclined to think that the National Red Cross Society would coöperate in any movement that would better the nursing service of the army.

SPECIAL FEATURES IN VISITING NURSING

The Report of the Instructive Visiting Nursing Association of Baltimore for the year just ended gives some features of the work that are very interesting and of an unusual character. It is shown that three nurses, not supported by the association, have worked under its direction during the year. The expense of one nurse has been entirely borne by an association of ladies of Christ Church, and she has worked in connection with a dispensary maintained by this church at its mission in Southeast Baltimore. Two nurses, who have devoted their entire time to the care of patients suffering from tuberculosis, have been maintained by separate funds; one owes its origin to a large number of contributions received by Mrs. William Osler in reply to a request for means to support a tuberculosis nurse; the other was raised by the Maryland State Association of Graduate Nurses. The fact that these three nurses have been placed under the direction of the association and that their work has been so satisfactory to all the interests concerned is most important. It shows the success of having one guiding influence for one class of charitable work, as marked by efficiency, coöperation, and entire absence of duplication of work.

The names of fifteen nurses are given who have rendered volunteer service to the association.

WHY WE SHOULD HAVE STATE REGISTRATION FOR NURSES

By MARY M. RIDDLE

President of the Massachusetts State Nurses' Association

We have been told that the tendency of the long past has been toward diversity, that the future will be toward oneness. And we are further taught that experience in all forms of life and methods of living proves the truth and wisdom of the statement, which may be seen in the natural and spiritual world as well as in the intellectual and commercial, and is exemplified in the development of the sciences; the increasing toleration of one form of religion for another; the general dependence upon the state; the universal adoption of modern conveniences and inventions, which tends to bring all people under one condition of living; the spread of knowledge, by means of which all nations are brought into closer relationship with a *oneness* of purpose; the development of commerce between nations, which removes barriers and makes the nations one; the modern concentration of capital and the organization of labor—all mighty and potent forces toward the standardizing of methods of living.

Then since each form of life and work demands a standard by which to estimate its usefulness and test its power, it follows as a natural sequence that there should also be an established rule by means of which the education of nurses may be measured. With the same end in view, viz., that of fixing a standard, teachers are registered and licensed by the state, physicians are licensed by the state, as are also pharmacists, dentists, and various artisans. Several states have passed laws regulating the practice of professional nursing—each one having its own special law, the result of its own requirements.

The object of such legislation is unmistakable even to the most casual observer. It is for the protection of that great body we call the public, but it is especially designed as an aid to those not well favored by education or fortune or experience or knowledge. Its intent is to promote their welfare by securing to them the means of knowing to whom they may safely apply for skilled help in their extremity. It enables them to determine by the only feasible means who are the educated and intelligent nurses, and who are not; who are entitled to the trust that must of necessity be reposed in them, and who are not; who are true and may truly "walk in the light," and who are pretenders; who are

deserving of esteem, and who are presumptuous and often wofully ignorant.

Its opponents have urged that such legislation forwards the interests of a few—of a class—but they forget that the members of the class need no such protection; they can take care of themselves—their education and opportunities have taught them how. Neither does it insure to them a greater variety or choice of work; that is secured to them by the greater demand that is being constantly made for skilled service, and that has doubtless been increased by the unskilled nursing care so freely offered in these times.

Many other reasons for opposition are given, such, for example, as, "The legislation is not wanted," which is untrue and, therefore, a false premise from which no just argument can be deduced. It is easily seen to be untrue when one reflects upon the vast body of women yearly praying their legislators for the enactment of suitable laws. If inclined to the belief that women count for so little in the body politic that their wishes do not signify, it yet remains untrue by reason of the demands for more thorough and uniform education, which common sense and reason as well as experience teach us can be secured in no other way (at least, it *has* not been secured in any other way); and the self-same opposers are wont to exclaim, "It would seem that the state might aid in securing greater uniformity," etc., or, "Why could we not appeal to the state?" apparently not thinking that thus do they coincide with the nurses in asking for legislation and virtually say it *is wanted.*

Again, we hear the opponents say, "Such a law would be a menace to the personal liberty and usefulness of the nurse who cannot meet its requirements," and again we say it is untrue (unless it may be that when the educated nurse is recognized as being on a higher plane, the other *seems* lower than before; whereas she remains in the same position, the same contrast exists that existed before, it being only a little more evident to the unthinking), because all the enactments as well as the proposed laws plainly state that in no way shall they be construed to interfere with any one practising nursing either for hire, for charity, or in her own family, provided she does not call herself a *registered nurse.* In other words, there is to be no punishment for filling her chosen vocation, but a penalty shall be inflicted for "false pretenses" when she assumes the title.

All believers in state registration are willing to grant that the law is a menace to the liberty of that promoter or maintainer of a small, special, private hospital which has the nursing therein done by a so-called training-school for nurses, because he thus gains financially

through the services of the school falsely named, by reason of its failure to train or offer any educational advantages to the nurses other than what they may pick up through hard experience. It is morally right to menace and to more than menace the liberty of such a promoter—one who renders to the nurses no just equivalent for their services to him. It may be that he is a power in the land and can successfully retard legislation for a time, but even he cannot always deceive the people, and eventually he will find himself compelled to render to those nurses their due either in educational advantages or the "current coin of the realm."

Again, we have heard that it is *unnecessary,* but this also is false, by reason of the arguments already given. This claim is the favorite one used by the economist, who, too short-sighted to recognize such a law as a great advantage to himself, is therefore unwilling to burden the Commonwealth with the additional expense necessarily entailed.

Unfortunately for the opponents, they cannot present the same arguments against such laws as they were accustomed to give when opposing state registration for the medical profession, viz.: "They tend to obstruct progress," because great progress has already been made even in those states where nothing has yet existed but the *possibility* of an enactment. To prove the correctness of this statement, witness the improvements being made in the schools of Massachusetts, and hear the words of the superintendents proclaiming their necessity "if we have registration." Neither can it be argued that any law has proved a failure because the greatest progress has been made in those states having laws in operation.

Then, since every argument against state registration is futile or false, or offered for purely personal and selfish reasons, it may be pertinent to set forth the reasons "Why we need State Registration for Nurses."

It will set a standard of excellence and nursing education so that the professional nurse will be the registered nurse. It will give a dignity and legal status to the profession, it will be the "hall-mark of distinction," so to speak, or, if you please, the state's approval will set upon the nurse a stamp by which she will be known to the world as "sterling."

In answer to the questions as to why all this is necessary, why are not nurses content to let well enough alone, why do they not just nurse and keep out of organizations, etc., etc., we must reply that the demands of modern medicine and surgery require that the nurse be something more than a machine to follow the orders of the physician and surgeon; she must be a woman of keen perceptions, of observation, of judgment,

of an educated mind, and of experience, because the physician depends upon her to furnish the information needed to enable him to give the necessary orders. The time has gone by when all that was demanded of the nurse was that she follow orders. She continues to follow orders, but she also knows the reasons for them, and must know when to anticipate them.

In time of prosperity and the successful progress of the case, one may safely assert that the nurse need not be so highly educated and developed, but in the patient's extremity all are willing to admit that she cannot know too much; her quick eye must detect the first change, her keen intellect and experience must understand and interpret it—this, we say, is demanded by physicians and patients, and it is very evidently the duty of the state to secure it to them; hence we say we need state registration for nurses.

It will furnish a protection against the spurious nurse, and will prevent her masquerading in cap and gown when her only knowledge of the uniform was gained while serving as maid in the wards of the hospital. It will keep under surveillance the incompetent and possibly the dishonest nurse, and, if need be, revoke her certificate; it can prevent a probationer who was not accepted because of her unfitness, or a pupil who was dismissed for cause, from posing as a graduate nurse. It will make, and even now has made, schools of nursing see the necessity for a more uniform curriculum.

In order that the graduates of any school may meet the requirements of a state law, they must be prepared to do so, and adequate instruction and opportunities must be furnished. Right here is the keynote of the whole situation, *i.e.*, the public (patients and physicians) demand certain qualifications in the nurse. Some schools have always given opportunities for their cultivation; others have not. A state law says, if the nurse undertakes to do certain work under a certain title, that of Registered Nurse, she must come up to the standard. This condition reflects back to her school, and compels it either to make the possibility for her to do so or to lose its pupils.

Doubtless the greatest opposition is really from this source, whether it comes from the school or its graduates. The school opposes because to increase or change its curriculum means the expenditure of money or the yielding up of pet theories; the graduate's opposition is simply the result of the innate desire for self-preservation, and is above criticism.

Mark you, however, as before stated, the nurse is making a stand against a fancied wrong more than a real wrong, and she should have the situation explained to her, she should understand that she may

continue her work without interference as long as it comes to her hand; that she may not be as strong in her position as her sister who has had the greater advantages, and whose school has dealt more justly with its pupils, but that if she has established for herself a practice she is safe in it and has nothing to fear.

Neither shall the public be deprived of its right to make a free choice by compelling it to employ only registered nurses.

If the school can continue to procure pupils, it also is safe, but it knows that therein lurks its danger, and it consequently opposes a law for registration. Almost all such schools are of the class that depend upon the services of the pupils for their support, or the support of the hospital to which they belong, or they are the special and private hospitals before described. All the special and private hospitals are not thus opposing the extension of their curriculum. Many have recognized the justice of the demand and improved accordingly. The correspondence schools, however, would have no recognition whatever, not having the slightest excuse for existence. Their methods would be criminal if they were not so absurd. Let them be relegated to the ash-barrel.

A law for state registration will furnish an incentive to keep all nurses up to the standard; it might be well for them to be required to pass an examination periodically, in order to retain the title R.N., or be recognized as professional nurses.

In order that state registration for nurses may become a fact and a success, graduate nurses all over the land must exercise their strength to that end; they must be informed of its possibilities, they must inform others, they must especially see to it that legislators and men of influence are correctly instructed regarding it, and their efforts enlisted in the cause; they should talk about it among themselves, and talk to others; their reply to the question "Why?" should always be, "Because better nurses are needed, and we believe such laws are a means to that end;" then, if necessary, show how.

While believing in state registration for nurses, and putting forth our best efforts for the passage of laws to secure it, we do well to remember among ourselves that there are certain things it will not do for us: It will not make times harder for the well qualified; it will not make times easier for the poorly qualified; it cannot put the unethical nurse out of existence; it cannot make good nurses nor good women; it cannot change the character of the nurse, neither will it change the demand of the public for nurses of good character; it *can* not and *will* not and *should* not make the public attach less importance to the character of the nurse than to her technical skill.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS, ITS AIMS AND OBJECTS*

By G. MORGAN MUREN, M.D.

BROOKLYN-NEW YORK

Professor of Genito-Urinary Surgery and Venereal Diseases, Brooklyn Post-Graduate Medical School; Genito-Urinary Surgeon to Williamsburgh Hospital

Madam President and Members of the New York State Nurses' Association:

At the request of your President, I have been delegated by Dr. Morrow, President of the American Society of Sanitary and Moral Prophylaxis, to speak to you to-day upon the aims and objects of our society.

To quote from Article 3 of the constitution:

"The object of this Society is to limit the spread of diseases which have their origin in the Social Evil. It proposes to study every means, sanitary, moral, and administrative, which promises to be most effective to this purpose."

Members of the society are elected from the medical profession and laity, and many women have joined. These latter are largely teachers, settlement workers, nurses, etc. The annual dues are two dollars, and there is no initiation fee. Meetings are held at the New York Academy of Medicine, and notices of these appear in the medical press and elsewhere, and are sent to members. The headquarters of the society are in New York City, with branches in other cities of the United States. The active work of the society is done by an executive and the following standing committees: Committees on Education, on Treatment, on the Social Evil, on Legislation, on Publication.

It is possible in this paper only to consider briefly the two important reasons that have caused to be formed in America, as well as in many European countries, including France, Germany, Italy, Spain, etc., societies with the above objects.

To these I invite your attention:

First. Venereal infection falls hardest upon innocent women and children, who have committed no indiscretion, but are infected by the husband or father.

Second. It is due to ignorance in probably a majority of cases

*Read by invitation before the New York State Nurses' Association at Brooklyn, November 20, 1906.

that the disease is in the first instance contracted. We must feel sure that in almost all cases it is ignorance that allows a man to jeopardize the health and many times the life of his wife or child by marrying while the subject of venereal infection. Yet, on the other hand, those of us who constantly see these diseases are many times appalled at the selfishness of some men.

To combat this ignorance, which is confined to no particular part of the community, will be the chief aim of the society. Its message must be carried to all sorts and conditions of men and women, as the so-called better classes have as much need of proper instruction in these matters as the sweat-shop worker; for venereal diseases come close to nearly every man, and so to his family, during some part of his career.

To consider the first proposition: what is the danger of venereal infection to the young wife and unborn child?

In 1901 the Committee of Seven, of the Medical Society of the County of New York, issued their report on "The Prophylaxis of Venereal Diseases in New York City."[1]

In order to obtain an approximate idea of the number of cases occurring in a single year, a circular letter of inquiry was sent by the committee to each of the 4,750 physicians resident in Greater New York. In this letter the work of the committee was briefly outlined, and a list of questions given regarding the number of venereal cases treated in private practice, age and sex of patients, complications, sources of infection, etc., to be answered by each physician. Eight hundred and eighty-six replies were received to these circular letters. A number of these were unavailable for various reasons, which reduced the total used to 678. The total number of cases reported by these 678 physicians, and preserved by the committee for future reference, was 23,196 cases of gonorrhœa and 7,200 cases of syphilis. Many of the eye, ear, and throat men, gynecologists, neurologists, etc., admitted that they treated a large number of venereal cases, but as it was usually for complications, or late manifestations, the cases were recorded under other titles and so were unavailable. No cases of chancroid, the purely local venereal ulcer, were included.

Taking this aggregate of 23,196 cases reported by 678 physicians, it was estimated by the committee that the total number of new venereal cases occurring in Greater New York in this particular year was, in private practice, at least 162,372.

While it may be inferred that many of these cases appear twice or oftener on account of the well known habit of this class of patients to drift from one physician to another, the committee believed the

estimate to be below the number of actual cases, as no consideration was taken of the large number of cases treated by advertising physicians and druggists. It is estimated in Europe that from twenty-five to fifty per cent. of venereal cases are treated by charlatans. In this country probably as large a percentage is treated by quacks, by druggists, and by self medication with certain well advertised nostrums.

Upon analysis of the statistics arranged by the committee, under gonorrhœa are grouped 12,956 men and 1,941 women. The preponderance of males is explained by the fact that many reporters did not state the sex of their patients, but simply stated so many cases of gonorrhœa, and so many cases of syphilis, and all such cases were tabulated as males.

Among the women, pelvic complications occurred in nearly forty per cent.

Among children there were 205 cases of ophthalmia.

In the group of syphilis there were 1,657 cases in women, 61 children with acquired syphilis, apparently due to contagion in family life, and 468 children with hereditary syphilis. When it is recalled that considerably over eighty per cent. of children with hereditary syphilis die, it will be seen that this number surviving indicates a very large total death rate among infants from this disease.

Nine hundred and eighty-eight cases of marital infection were reported, presumably, as is the rule, from husband to wife.

Of the forty-five charitable institutions and dispensaries in Manhattan, nine declined permission to inspect their records, or refused to give the desired information, on the ground that they did not receive venereal cases. The thirty-six who allowed their books to be inspected furnished records of 14,649 cases of gonorrhœa, and 7,607 cases of syphilis, a total of 22,256 treated during the year. There were 9,452 cases reported simply as venereal diseases, in which there was no division of gonorrhœal and syphilitic cases, swelling the list to 31,708.

The following is quoted from the report: "In addition there were found upon the records of the dispensaries 3,907 cases of chancroid, 898 cases of epididymitis and orchitis, 332 cases of cystitis, 414 cases of bubo, 261 cases of venereal warts, 172 cases of balanitis and phimosis, 523 cases of ophthalmia, 142 of ophthalmia neonatorum, 19 of vulvovaginitis in children, 195 of hereditary syphilis; 30 of the cases were caused by extra-genital infection. This by no means represents the amount of venereal diseases treated in our public institutions. Although gonorrhœa and syphilis are ostensibly not treated in the general hospitals of this city, we find records of cases in the few investigated—many thousands altogether—in which the sequelæ of gonorrhœa and the late

systemic manifestations of syphilis are received and treated, but entered under names which are not recognized by the laity as indicating a venereal origin. Thus in one of the eye hospitals there were 136 cases classed as purulent ophthalmia, in all of which the gonococcus had been identified by bacteriological examination as the pathogenetic factor. In the same institution there were 38 cases of interstitial keratitis, indubitably of syphilitic origin, but not indicated in the record. It would seem that, in the society of diseases, venereal diseases represent the criminal classes—they are disreputable; they have a bad character, and, like most criminals, when they consort with the respectable element they masquerade under an alias, so that in a public hospital it has been ordained that they appear not under their true names, but disguised under a variety of aliases which do not betray their venereal origin.

The annual reports of a few of our general hospitals record 371 cases of salpingitis, 1,762 of endometritis, 335 of pyosalpinx, 45 of salpingo-ovaritis, 48 of vulvovaginal abscess, 169 of vaginitis, 651 of stricture, 173 of gonorrhœal rheumatism. Altogether there were collected records of 9,731 cases, including many cases in the hospitals under titles indicating their venereal origin, making a total of 41,439. The records of the hospitals also abound with cases of locomotor ataxia, rickets, cerebral and spinal accidents, monoplegias, hemiplegias, general paralysis, epilepsy, and various nervous affections, in which syphilis is a common etiological factor.

It would seem a strange perversion of the proper purposes of charitable institutions, that a patient is debarred entrance into our general hospitals when the disease is acute and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease, which might have been prevented by prompt treatment.

Practically the hospitals proclaim to this class of patients: "We cannot receive you when your disease is acute and curable, but when your gonorrhœa has developed into stricture, salpingitis, peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons."

The committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it.

It will be observed that these statistics were confined to certain

institutions in the borough of Manhattan. The island institutions, the Penitentiary, Workhouse, House of Refuge, and many of the public hospitals were not visited. The institutions in Brooklyn and other boroughs were not investigated.

The only available basis for a comparative estimate of venereal morbidity in the other boroughs appeared to be the mortality statistics of all the public institutions of Greater New York. The deaths for 1899 in the public institutions of the borough of Manhattan were 10,157. The deaths in the institutions of all the other boroughs were 5,400, a little over one-half. Applying this basis of calculation, the total number of cases of venereal diseases treated in the institutions in Greater New York would foot up to a total of 62,157 cases; this, with the cases treated in private practice, would make a grand total of about 225,000 in both private and public practice.

This total the committee regards as rather under than above the actuality. The figures do not, of course, represent the sum total of venereal morbidity, but only the number of cases actually treated during the year. There is no class of diseases so serious in their direct and ultimate effects upon the health of the individual, which is so apt to remain untreated. One cause is the ignorance of their significance on the part of patients; another is the feeling of shame and fear of detection on account of the publicity inseparable from the conditions under which dispensary treatment is given.

MORTALITY FROM VENEREAL DISEASES

During the year 1900 there were recorded 177 deaths due to syphilis. The Health Department officials admitted that these figures gave no idea of the actual number of deaths. The following causes of death are mentioned as those in which, in a very large proportion of cases, syphilis may be considered the real cause: premature birth, 1,179; marasmus, 2,136; hydrocephalus, 28; locomotor ataxia, 50; general paresis, 341; softening of the brain, 875; hemiplegia, 232; paraplegia, 96.

Gonorrhœa may be found masking under other names, such as the following: ovarian diseases, 141 deaths; diseases of the uterus and vagina, 137; pelvic abscess, 27.

I have quoted freely from "The Report of the Committee of Seven" in an effort to show you the enormous number of venereal infections that occur in a single year.

As to the mortality rate, it is impossible to estimate the number

of deaths directly or indirectly due to venereal infection. Consideration for the family, many times, will impel the physician to write a cause of death in the certificate that but vaguely, if at all, indicates a venereal origin to the statistician.

This brings us to a consideration of what has been done, and is being done, in the effort to combat these, perhaps the gravest and most common of human ills, and to spread broadcast correct information to take the place of the ignorance the results of which fall so heavily upon the innocent.

PROPHYLAXIS

Regulation.—In France and some other countries of continental Europe good results have been claimed from the regulation of prostitution by its municipal control, the constant work of the medical examiners eliminating, in a measure, the women conspicuously diseased. On account of the present public sentiment in this country, little effort can be made in this direction; but, while there are many strong arguments against it, it must not be entirely laid aside, as in the future regulation may meet with more general approval and some success.

The chief deficiency in the law licensing prostitutes is that it takes no account of the male delinquent who goes on his way spreading infection. An excellent account of the French system of regulation is given in a paper by Professor Tuffier of Paris, "The War Against the Venereal Diseases in France," presented at the last meeting of the American Medical Association, and published in the Journal of the Association for October 20, 1906.

Segregation.—The isolation of prostitutes in certain sections of cities meets with the same sentimental objections as does "regulation," in this country. There are undoubted arguments in its favor, but they need not be considered under present circumstances.

Regulation by the Department of Health.—It has been suggested that venereal diseases be reported to the Health Department, as are other contagious diseases. As I have said in another paper,[2] if this were carried out, with the patient's name, etc., recorded, it would soon become known, and patients would seek medical attention from the quacks or certain unscrupulous druggists, who would not report them to the department.

It is proposed by the Committee of Seven that cases might be reported to the Department of Health omitting the names of patients. If this was compulsory, and was done by private practitioners and by officials of hospitals and dispensaries treating these diseases, much valuable information could be collected.

The control of diseased women by the Health Department would be regarded as "regulation," and would not meet with general approval.

There now remains for consideration the only means of prophylaxis that is feasible at present in this country, and practically the only one with which much effort will be made at present by the American Society.

Education.—With the present feeling in this country regarding the Social Evil, this is the only means we can employ in fighting venereal diseases.

Any control of public women by police or sanitary authorities must admit that, under certain restrictions, they may be permitted to follow their calling. This is so averse to present public sentiment that it cannot yet be considered, even in a very small degree.

How the general public, and particularly the youth of the country, can best be informed of the grave dangers of venereal infection, has been the main subject of discussion at the meetings of the American Society.

The distribution of carefully prepared literature, and the sending of speakers to colleges, institutions, and the meetings of various societies, may be said to cover the present work.

The preparation of the material for pamphlets is by no means easy, as what may be suited to one set of people may absolutely fail to appeal to some other apparently similar group. Much time has, therefore, been given by the society to the discussion of various plans. The following is an example of the programmes of the earlier meetings:

SUBJECTS FOR DISCUSSION

1. Should the youth of this country be educated in a knowledge of Sexual Physiology and Hygiene?

2. What should be the nature and scope of this education?

3. At what age should this instruction be given, and should it be progressive according to the age of the individual?

4. Through what agencies should this instruction be given—through parents, physicians, or teachers? Should our educational centres—high-schools, colleges, and universities—be utilized for this purpose?

5. Should the teaching of Sexual Physiology be incorporated in our text-books of Elementary Hygiene?

In the effort to interest certain people in this great question, the society has frequently been met with the statement that disease and hygiene are concerns of the medical profession alone, and particularly when the diseases are those that are not commonly discussed. If these matters are not talked about, or written about, directly to the general public, how can we hope that a real understanding of their gravity may

some day take the place of the many misconceptions regarding them, that now occupy the mind of the average layman?

You, who have served your time in the operating-room, are familiar with the many mutilating operations that are performed upon women. The infected uterus, the tubo-ovarian abscess, skilfully removed by the gynecologist, are due in at least seventy-five per cent. of all cases to the effects of gonorrhœa. It is stated by ophthalmologists that twenty-five per cent. of all blindness is due to this disease, the germs finding entrance into the eye directly from the birth-canal of the infected mother, or by indirect infection from pus upon the hands, towels, etc.

Regarding syphilis, "the sins of the father" still appear in his offspring, although the virulency of this disease is undoubtedly less than it was one hundred or more years ago.

It may be of interest to mention an hypothesis that has been suggested by some syphilographer whose name I cannot recall, and whose writing upon the subject I have been unable to find. He suggests that the reason that syphilis is less active than it was in ancient times is due to the probability that all families have become more or less tainted with it, and have thus developed a resistance to the disease.

Among the most active forces in the work of prophylaxis in France, Tuffier mentions the collaboration of Professor Fournier, the well known syphilographer, and M. Brieux, the dramatic author. The former having done much in the cause by his writings, and the latter by his play, "Les Avariés," which has achieved wide recognition. "Les Avariés" (meaning "The Tainted") is a play in which the syphilitic taint is prominently presented. Their programme is "to tell everybody regarding the existence and danger of syphilis, and to increase the facilities for treatment." The education of the people regarding venereal matters is effected by an active propaganda. A series of conferences is established wherever men are grouped together. Thousands of pamphlets are distributed, for example, "The League Against Syphilis," "The Social Danger of Syphilis," "For Our Sons When Eighteen Years Old," etc.

In a paper read at the same meeting of the American Medical Association, Holton [3] includes a circular which is issued by the State Board of Health of Vermont, to be handed to those having venereal diseases. In it are briefly described the precautions that should be observed by one who is infected, to protect his family and other innocent persons. Some such circular should be distributed in every venereal clinic, and, I believe, in private practice also, as it is next to impossible, when many cases are seen daily, to impress upon each patient the dangers of transmitting these diseases to the innocent.

In considering the part that the trained nurse may play in spreading correct knowledge regarding these matters, when she can properly do so, it is first necessary that she be well informed upon the subject.

From what I have been able to learn, most training-schools for women do not take up the subject of venereal diseases at all, probably from the fact that these cases belong to the male nurse.

While I would not be understood as advocating practical instruction in the care of this class of cases, for women, I believe that all training-schools should include among their lectures a number upon this subject. Nor do I wish to seem to urge upon the nurse the idea that she must be an ever active missionary in this field. She should be well informed about these matters, and use her knowledge with tact and discretion when opportunity occurs.

I wish to say a word to those who may be engaged as hospital superintendents. Elsewhere in this paper the irrational attitude of the managers of hospitals towards acute venereal cases has been mentioned. Your influence, when it can be used, should certainly be exercised to correct this very wrong condition. The function of the medical man is to cure disease, however it may be acquired, and it is as surely the duty of the hospital and its staff, including its nurses, to assist in every possible direction.

Even if the venereal patient deserves no consideration on his own account, his speedy cure is a vitally important matter as a protective measure for his family and the public at large. Much could be done to overcome the unwillingness to come in contact at all with these patients, that is frequently shown by women nurses, even in the matter of feeding them, if in the lectures that I have suggested they were made to understand that these cases are no menace to the attendant, or family of the patient, if proper precautions are observed.

In closing I wish to extend to all present the invitation of the society to come to its meetings, and to join in its work if it appeals to you.

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2. A Contribution to the Prophylaxis of Venereal Diseases, *American Medicine,* Vol. VI, No. 12, September 19, 1903. P. 480.

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THE SYSTEM EMPLOYED BY THE TRAINED NURSE IN THE SCHOOLS OF PHILADELPHIA

By S. W. NEWMAYER, M.D.
Philadelphia

Frequent inquiries by nurses, teachers, and school authorities of other cities, as to the method of work of the school nurse in Philadelphia, allow me to welcome this opportunity to write this article on the subject. The success of such undertakings depends mainly on two things: first, on the thoroughness and practicability of the system employed, and, second, on the abilities of the persons performing the work. Medical inspection of schools, with trained nurses to supplement the work, is a distinct profession that requires physicians and trained nurses who are not only capable and conscientious in their work, but they must be charitable, gentle, patient, and sympathetic, and yet firm. They must possess tact and resourcefulness. Again, where one is brought in contact with a foreign population, success is better assured if they can understand and speak the language. While medical inspection and the work of the trained nurse are similar in all cities, the system employed in Philadelphia differs from the others in details, which gives it a practical and distinct system of medical inspection with a trained nurse.

The nurse's work is subdivided into two closely related parts, the work in the schools, and that out of school (at homes and dispensaries). The nurse is capable of attending to five schools with an average attendance of five thousand children. All new cases are first seen by the medical inspector, and then referred to the nurse, with instructions for treatment. These cases are furnished to the physician through two sources. The teachers recognize and send to him each day such cases of suspicious contagious disease, skin disease, or other ailment, that require immediate attention. Again, many cases of defective vision or hearing, adenoids or orthopedic defects, are found by the physician in his thorough individual examination of each child in the school. For each scholar requiring the attention of the nurse, the inspector fills out a card. This nurse's card contains the name and address of the scholar, the class, date, and treatment recommended. The physician and nurse visit each school daily at a stated time. These nurse's cards are left in the office of the principal, where the nurse daily receives the cards of the new cases. Each school, in a small room set aside for the purpose, has a drug closet containing the necessary supplies for treatments in school. The nurse also carries with her in a bag such drugs as she needs for home treatments.

On arriving at a school, the nurse sends first for the new cases, records their names on a daily record card, and outlines her course of

treatment. She decides whether the case requires treatment at school only, or also at home. The old cases under treatment are next sent for, separately, and returned to their class-room as soon as treated. This method causes the least confusion and loss of time to the scholar. Records are kept of the dates of treatment of each case, and the date of cure. If a child needs treatment at school, it is given a paper which is to be signed by the parent. This paper states that there is no family physician in attendance (for various reasons), they are unable to employ a physician, and desire the school doctor and nurse to take care of the case. This paper, when signed, avoids any misunderstanding on the part of the doctor, nurse, family physician, or parents. It also helps to obtain the coöperation of the parent. The methods of treatment are somewhat routine. Cases of pediculosis or uncleanliness are given a circular of printed instructions on how to clean the scalp of lice or nits. These circulars are very simple in their method outlined. It advises the use of two articles found in every household, sweet oil and kerosene, and requires little expense. If the printed instructions sent home with the child have not produced the desired results, the nurse visits the home, and questions the parent as to how she followed instructions, and, if necessary, gives a personal demonstration. A constant supervision is kept by the nurse over the cleanliness of the scholars. Each day, after she has finished the important work, she goes through one or more class-rooms, observing the condition of each child. This method creates no interruption of the work of the class, as the teacher continues with her lesson, while the nurse quietly goes through the class, noting which children require attention.

Cases of defective vision are diagnosed by the medical inspector, and the list of names and addresses is furnished to the nurse. She visits their homes and impresses on the parents the necessity of immediate treatment by their physician or a dispensary. No excuse for non-treatment is accepted. If the parents are too poor to furnish the necessary glasses, and the nurse has ample proof of such condition, she devises some means of obtaining the glasses. For these cases we have a fund set aside. If possible, we ask the parents to pay a small sum—fifty cents or a dollar—towards the expense. The nurse tries in every way to prevent the case becoming a charity. Occasionally the parents pay a trifle each week until they have paid for the glasses, and in the meantime the sum is advanced from the fund. These cases require considerable persuasion and diplomacy on the part of the nurse. However, the permanent and excellent results more than repay for the energy spent. To transform a dull, stupid child who is an innocent sufferer into a bright, keen, and happy scholar is the greatest charity I can imagine.

FORM 1

Mrs.....

.....

Your child.....

attending.....School,

needs medical attention, for.....

.....

Kindly send him (her) at once to a doctor. If you cannot afford, or for any other reason, you desire him (her) to be attended by our school doctor and nurse, sign your name below, and return this paper, to school.

.....

Medical Inspector.

To Mr.....

Principal of School.

Dear Sir:

I desire that my child be attended by the doctor and nurse, of the school.

Signed,.....

(Printed Also in Jewish)

FORM 2

RECOMMENDED FOR TREATMENT

SCHOOL..... SECTION.....

NAME.....

ADDRESS.....

CAUSE.....

DATE OF RECOMMENDATION.....

REFERRED TO {PHYSICIAN / DISPENSARY / HOSPITAL} OR NURSE

.....

RESULT.....

.....

DR. S. W. NEWMAYER,

MEDICAL INSPECTOR

FORM 3

SCHOOL CLASS NO.

Name *Age* *Residence*

Date 1st Visit

Condition of Child

Treatment

Date 2nd Visit

Condition of Child

Treatment

District Nurse

Date 3d Visit

Condition of Child

Treatment

Date 4th Visit

Condition of Child

Treatment

Date 5th Visit

Condition of Child

Treatment

Case Dismissed *Cured* *Improved*

Unimproved *Dead*

FORM 4

GRADE CLASS SCHOOL SECTION LOCATED

NAME	DISEASE	DATES OF TREATMENT	Total No. of Treatment	DATE OF CURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

NURSE

FORM 6

A. A. CAIRNS, M. D.,

CHIEF MEDICAL INSPECTOR.

Dear Sir:—

The following is a weekly report of Nurse of Schools of Fourth Section.

WEEK ENDING											DISEASES FOR WHICH PUPILS ARE TREATED																		
	Date	Schools Visited	Old Cases	New Cases	Cured	Visit to Homes		Taken to Dispens.			Pediculosis	Ac. Conjunctivitis	Scabies	Ringworm		Impetigo	Favus	Eczema	Pust. Dermatitis	Inf. Wounds	Defect Vision						Miscellaneous	TOTALS
						Old	New	Old	New					T.	C.													
Monday																													
Tuesday																													
Wednesday																													
Thursday																													
Friday																													
Saturday																													
Totals																													
Total number of cases cured																													

FORM 6

CASES TREATED AT HOMES

Date	Name	Address	Disease

CASES TAKEN TO DISPENSARY

Date	Name	Disease

Cases of ringworm are dressed with carbolated collodion, and impetigo is treated with an antiseptic and healing ointment. These cases can then be kept at school without any danger of infecting classmates. Acute conjunctivitis is treated with a solution of boric acid and biborate of soda; also a silver preparation, such as argyrol, is sometimes used. Bad cases are sometimes treated with a weak ointment of the yellow oxide of mercury.

Pustular dermatitis of the scalp is readily gotten under control by cleansing with tincture of green soap and applying an antiseptic ointment.

Printed instructions of treatment, and recommendations to the parents, are also printed in Jewish for parents who are unable to read English. These circulars in foreign languages are very valuable in sections of the city populated by the foreigners.

Home visits, and the taking of cases to the dispensaries, are an important phase of the work, as they include those cases which are very bad, or which would for various reasons receive no attention from the parents. By the nurse's attention and influence at a home, a child receives the immediate treatment from the family physician or is taken to a dispensary. Occasionally a parent, for some good reason, cannot take a child to a dispensary. Here the nurse solves the problem by taking the child for necessary treatment after school hours. These visits at the homes not only accomplish their immediate object, but oftttimes succeed in causing radical changes in the homes as to the manner of living. It is astonishing how the nurse wins the confidence and respect of the parents. To explain the recommendations in each case, and how the nurse accomplishes results, would take more than a short paper. This can best be illustrated by taking examples of a few recent cases. In those cases of girls with long, flowing hair and unclean scalps, where repeated washings have made little impression on the case, the parent is appealed to to have the hair cut short. This ends the trouble.

In one of the schools the medical inspector found a boy with cleft palate and harelip. An incoherent speech, a snuffling noise, and a dribbling of saliva made the poor boy a burden to himself, and a disgusting sight to his classmates. The nurse visited the child's home repeatedly, and urged the parents to have the child operated on. The nurse took the boy to a dispensary, and received the promise of the best available services for an operation. Repeated visits, firmness, perseverance, and considerable tact won for her the consent of the parents to this necessary operation.

A girl of twelve years, in the second grade, on examination, proved

to be deaf, and with speech so defective as to make her almost dumb. The nurse was instructed to take the child to a clinic where she could have the services and advice of a specialist. There was found a large bony growth in the back of the nose. This tumor so obstructed the nose and the passage to the ear as to account for the absence of hearing and the defective speech. Here again the work the nurse accomplished gained the parent's consent to an operation. The results obtained in two such cases alone are worth the salary of a nurse for a year.

As this paper deals with the method of work of the nurse, I shall not go into the results obtained. A thorough card index system permits the systematic following of each case to a cure. The use of these cards can be best understood by glancing at the accompanying cuts of some of the printed cards and circulars used in our city. The results obtained, with little friction among the doctor, nurse, the parent, and school teachers, are the best evidence of the success of our system. In conclusion, I desire to extend my appreciation of the services of Miss Anna L. Stanley, the trained nurse loaned by the "Visiting Nurse Society," who has worked energetically from the beginning, and brought the work to its present standard.

PREPARATION FOR AN OPERATION IN THE COUNTRY

By ESTELLA B. CRAWFORD
Graduate of the Illinois Training-School for Nurses

The first operation in which I assisted in the country was an appendectomy, done under serious disadvantages to the surgeon, but resulting favorably.

The lightest room in this very small country house was the dining-room, fortunately situated next to the kitchen, and heated with a large, base-burner stove. The furniture was all removed, the wall wiped down, and the floor and window—there was only one—scrubbed. The lower glass of the window was smeared with sapolio, for use instead of a curtain. An operating-board, the shape of an ironing-board, only broader, had been a thought of the doctor when first undertaking this work in homes. This was usually placed on the backs of two straight chairs, but the chairs in this house not being high enough, two barrels from the store-room were substituted. The operating-board was made comfortable for the patient by a thick old comforter, protected by a rubber sheet, and with a clean white sheet pinned securely around. It not being necessary to place the patient in the lithotomy or Trendelenburg's position, no substitutes for the modern operating-table were neces-

sary. These have been described in a former article on this subject, appearing about two years ago in the JOURNAL.

The dining-table served for an instrument and hand solution table for the surgeon, also for the extra supply of sterile goods and the large supply basin. A low wooden bench, used for wash-tubs, held the four hand solution basins.

The absence of plumbing in the house was a great inconvenience. Wash-bowls, soap, and scrubbing-brushes were on a wash-stand. Bringing fresh water and refilling the wash-basins were an added duty for the nurse. The instrument table, wash-bench, wash-stand, a small table for the anæsthetist's articles, and a table holding pitchers of hot and cold sterile water and normal salt solution, were the necessary articles of furniture in the room. Sheets were not plentiful in this home, and clean newspapers were used for table covers. The articles provided by the surgeon consisted of the following list: six basins, two pitchers, one laparotomy sheet, one dozen towels, two doctor's gowns, one large pan for boiling instruments, six yards of gauze. The gauze was made into sponges, four packages of three dozen each; eighteen laparotomy pads, and an abdominal pad, consisting of a layer of absorbent cotton between two pieces of gauze, large enough to cover the wound thoroughly. These were pinned in pieces of old cloth and sterilized in the following manner: The family wash boiler was scrubbed with sapolio until it was clean, and filled half full of water. A stout piece of cloth was stretched across lengthwise, loosely, and tied at each handle. The water was allowed to reach the boiling point, and the articles were placed in this, with the cover fitted down tight, and left in one hour. This method of sterilization has been described frequently, and is familiar to all nurses. The trouble lies in the drying of the heavy things, such as sheets and packages of towels. When placed in the oven, the heat should be only moderate.

The basins, pitchers, and water were all sterilized in the same boiler; also a large dipper. The water was boiled the night before the operation for cold sterile water, and this had to be filtered through absorbent cotton into the basins and pitchers, before using. The hot sterile water was kept in two tea-kettles on the stove. The carbolic acid and alcohol used for preparing the knives were in two clean dishes from the pantry.

Fortunately, the majority of doctors operating in the country bring the instruments, sutures, and gauze already sterilized, thus lightening the work of the nurse. When all the sterilizing has to be done, it is an impossibility to prepare thoroughly for a major operation in a shorter time than two days, without running risks.

THE STRIKING STORKS

THE storks went on a strike one day
For shorter hours or bigger pay,
Maintaining that it wasn't right
That they should work both day and night.
"Besides," they said, "the crop this year
Is very much too large, we hear.
We'll hold all babies now in sight,
And make a corner, good and tight."

At first the world was rather glad.
It slept at night, which wasn't bad.
It used no anti-colic pills,
And saved a lot on doctor's bills.
The nursing bottle companies failed,
Perambulator dealers railed,
The milkmen ceased to Pasteurize,
And Christmas trees grew quite a size.

But, having had things all its way,
The world got tired of too much play.
It missed the shoes with battered toes,
It missed the little frilly clothes,
It longed for drums and horns and dolls,
For pencil scratches on the walls;
It wanted babies, good or bad—
In short, the world was baby-mad.

And so one day, in Babyland,
With hollow stumps on every hand,
The striking storks, no longer tired,
Perceived that mischief had transpired.
A doctor, large and fat and round,
His satchel open on the ground,
Was stealing babies, black and white,
From all the stumps, with all his might.

The storks had no redress, they knew,
For "scabs" were plenty, storks were few;
And so, from being in arrears,
The census boomed the next few years.

MARY ROBERTS RINEHART

THE CARE OF THE HELPLESS

By ALICE C. BEATLE
Graduate of Illinois Training-School

Much has been said about a nurse's responsibilities as regards her legal obligations, and her duty to the public, to charitable organizations, to other nurses, to the physician, to her patients in general, and to their family and friends; but I wish to speak in this paper of her duty to a certain class of patients, a class where her responsibilities are greatly increased because of the very nature of their afflictions.

The word "helpless" appeals to every one of us as perhaps does no other word in the English language, and when applied to patients, it should appeal with greater force to nurses than to any one else, for no one so fully understands its meaning as they.

There is no nurse worthy the name who would not turn in horror from the thought of neglecting a baby, and yet, possibly, there are some who do not realize that the same loving care and thoughtful attention given to one of these little ones should be given to a helpless or delirious patient; yes, it requires even greater care and thought on the part of the nurse.

I call to mind an incident of a patient, a farmer's wife, who was afflicted with melancholia attonita, being brought to a county institution. She had been in that condition for three years, and had not spoken a word during that time, having had to be fed and cared for as a helpless child. The woman was a pitiful sight, sitting in her chair all day, her head falling forward on her chest; for the muscles of the neck having been in that position so long, it was impossible to bring the head to an upright position. The mouth was hanging open and the saliva dropping on her gown. A repulsive sight, you will say, and so it was. Yet the kindly woman under whose care she was placed saw possibilities there. The dull, faded gown was replaced by a bright, attractive one, and flowers freshly picked were placed in her lap or pinned to her gown. She was always given the same bright, cheery "Good morning" as were the other patients. The food was prepared nicely and served in an attractive style, the nurse talking in an easy, pleasant manner of things which would interest a farmer's wife, and trying to induce the patient to help herself. I will go no more into detail; suffice it to say that after months of patient, kindly attention the nurse was rewarded by being greeted one morning with a smile, later on by queer sounds which, after patient labor, became well articulated words. So, after months of such

care, this patient was able to talk, to walk about, to care for herself, and became a useful member of that little community known as the "county poor farm."

We will not often meet with such extreme cases, but I give it here, hoping some one will be helped as I was by this lesson of thoughtful, unselfish care given this unfortunate one.

Just as a baby will feel and know the difference in a fussy, nervous nurse who think babies a "nuisance," and one who handles them gently and lovingly, so a delirious patient will be soothed and comforted by a nurse with a quiet, easy manner.

There are an infinite number of little things a nurse must think of and do that would be asked for by a rational patient. All these little unnamed attentions add greatly to their comfort and their possible recovery. Though they are never able to thank us,

> "These little things take little wings
> And find their way to heaven."

With no other class of patients must a nurse so fully put herself in their places and think for them.

It is a source of great pleasure to care for patients who appreciate our every effort, and who tell us of the comfort we have been to them; it helps to lighten the burdens which are so heavy at times; and yet the true nurse will be none the less attentive to her patient though she realizes that all her work will go unnoticed and no words of cheer will come to her.

I wonder if with these helpless ones we are just as particular in every detail as though they were fully conscious. Is the room tidy, are the flowers fresh, is the bed free from wrinkles, are the eyes protected from the light, is the body perfectly clean and in a comfortable position, is the food tasty and served daintily, are our voices always pleasant and our manner gentle?

Even though the body is helpless, the intellect dull or obscure, and our work seemingly in vain, our interest must never flag, nor our thoughtful, kindly endeavor to heal cease. For "inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

Intelligence and Courtesy not always are combined;
Often in a wooden house a golden room we find.

SEVENTEENTH CENTURY.

THE TUBERCULOSIS SITUATION IN DENVER, COLORADO

By LOUIE CROFT BOYD

Graduate Colorado Training-School, Denver, Colorado; Secretary Nurse Board of Examiners

Dr. Pryor has truly said: "We must care for the consumptive in the right place, in the right way, and at the right time, until he is cured, instead of as now, in the wrong place, in the wrong way, and at the wrong time, until he is dead." In this day of agitation and proposed legislation for the good of persons, the problem of the "white plague" should and does hold no mean place. This is a problem for the cities to solve, for there we see it in its worst aspect: crowded conditions and unsanitary dwelling-places, which are frequently not relieved because of negligence on the part of those to whom the city's health is intrusted. All who study this problem will agree with Robert Hunter when he says: "It is the duty of society to care for the victims of this disease, because society alone, through its Board of Health and governmental agencies, can disinfect tenements, can compel notification of diseases, can confiscate sweat-shop garments, and can remove centres of infection by powers which it alone has." That society is recognizing its duty and rising to the occasion is evidenced by the sanitary measures instituted and enforced in the large cities, and agitated in many of the smaller ones.

According to the last annual report issued by the Department of Health of the city of Denver, five hundred and sixty persons died from tuberculosis, thirty-three of whom contracted the disease in the state of Colorado. The Health Commissioner of Denver has stated that probably forty per cent. of the sick in the city are suffering from tuberculosis, usually of the lungs, and that the great majority of these sufferers are immigrants.

From fifteen to twenty-eight per cent. of the patients treated at the office of the County Physician are tubercular (the majority being in the last stage of the disease), and show a residence in the state of from one to four months.

The Free Dispensary connected with the Denver-Gross Medical College cares for, on an average, from twenty-five to thirty-three and a third per cent. of tubercular patients, many of whom are running a temperature, and have been residents of the state for less than a year. Fully ninety per cent. of the cases treated at the Central Dispensary are tubercular.

To treat this vast army of sufferers which other sections of the country are pouring into Colorado, there are various sanitariums situated in Denver and adjacent districts. The Department of Health coöperates with the Visiting Nurse Association in fighting tuberculosis, and expectoration in public places is prohibited by law.

Patients suffering from tuberculosis in all stages are admitted to the County Hospital, though, owing to lack of room, they are not desired.

The County Farm, situated near Brighton, has not been utilized yet, though the question is being agitated.

The National Jewish Hospital is open to patients in the incipient stage, who are unable to pay for their care. Though supported by the Jews of the country, no distinction is made as to nationality or creed. Examination papers are filled out by physicians located in different cities throughout the country where the prospective patient resides.

According to the last yearly report, 225 patients were cared for during that year. Of this number, 141 were discharged. Over nineteen per cent. recovered; fifty-two and a half per cent. improved; slightly over twenty-eight per cent. failed to show any improvement, and three were readmitted. No deaths occurred. The average length of time that these patients remained in the hospital was six and a half months each. None but trained nurses care for the patients, and the diet is liberal, milk and eggs having a prominent place on the menu. Paper sputum cups are used, which are gathered and burned twice daily; the rooms are fumigated with formaldehyde, and all soiled linen, as well as the patients' clothing, is sterilized. Though the wards are roomy and airy, some of the patients sleep out of doors. The cornerstone of the new Woman's Pavilion was laid July 22, 1906.

The Evangelical-Lutheran Sanitarium is a farm situated at Edgewater, a suburb of Denver. The majority of the patients live in tents. Between thirty and thirty-five patients have been cared for during the year. The patient applies personally to the Board of Directors, and is examined by the physician on the Board. Patients in all stages of the disease are admitted, and if too poor to pay, the synod of the place where he comes from bears the expense of his care. The regular charges are twenty-five dollars a month, and thirty dollars if it is necessary to give much personal attention. Despite the fact that patients in advanced stages are admitted, and that there were seven deaths during the past year, about fifty per cent. were discharged to go to work, and fully sixty per cent. of those remaining showed improvement. An experienced nurse is employed, and, when necessary, graduate nurses are

called. The diet is generous, and rest enforced as the needs of the patient demand. Paper sputum cups are used, which are burned; the tents are fumigated with formaldehyde, and all soiled linen is sterilized.

The Jewish Consumptives' Relief Society Sanitarium has commenced its second year. This institution is unique in that it derives its support from the great mass of the working people. It is situated about a mile from the west end of the Larimer Street car-line, and accommodates fifty patients, who are admitted through the Denver office. Like the Lutheran Sanitarium, patients in all stages of the disease are admitted, and the time for remaining is indefinite. Of the ninety-seven patients admitted during the last year, fifty-two improved, twenty-nine did not improve, in ten cases the disease was arrested, and six died. There is no charge for treatment, and one experienced nurse looks after the welfare of the patients. The diet is liberal, and each patient is required to rest for one hour after each meal. Paper sputum cups are used and burned, and formaldehyde is used for fumigating.

Fully one-half of the work of the Visiting Nurse Association is among tubercular patients. The association has established the card system of registration for each case, similar to that used by the Chicago Visiting Nurse Association, and the nurses give instruction on diet, sanitation, and the disposal of the sputum, and after death or removal fumigate the infected quarters. A pin map of the city has lately been made, which shows the location of each case registered with the association.

About two miles from the edge of the town, the Young Men's Christian Association has established a farm for the care of tubercular patients in the incipient stage of the disease. The farm can accommodate about fifty patients, and admission is gained through the Young Men's Christian Association of Denver. Each patient is charged twenty-five dollars a month for his care, and an indefinite time allowed, provided there is improvement. The diet is as usual, plain but liberal, with plenty of milk and eggs. Paper sputum cups are used and burned, the tents are fumigated with formaldehyde, and the clothes and bedding are sterilized. The report for the year just closed states that fifty-three per cent. of the patients showed improvement, and thirty-seven per cent. are now earning their living. Those who are able to work—and many of the duties of the farm are done by the patients—are paid for their services, so that during the first year of its existence three hundred dollars was returned to the boys for services rendered, while at the end of the second year fifteen hundred dollars had been paid out for the same purpose. Lately, a pavilion has been erected for those temporarily confined to their beds. There is a resident physician, and the

camp, which is incorporated as a town, is managed by the boys according to city government form.

The Agnes Memorial Sanitarium, which is located at Montclair, a suburb of Denver, accommodates one hundred and fifty patients, and application for admission is made to the medical director at the institution. The time allowed for improvement is usually six months, though some patients are kept for a longer period, and those are admitted who are in the incipient and middle stages of the disease. The charges are from seven dollars a week up, which includes nursing care, food, and medical attention.

Medicines are furnished at cost. The diet is liberal, and rest is enforced, especially before each meal. Paper sputum cups are used, which are gathered twice daily and burned, the holders being sterilized by boiling. Formaldehyde is used for fumigating the rooms, and steam and hot air for the bedding and clothes, while all dishes are boiled after use. There are three forms of outdoor treatment used: tent, porch, and lean-to, the last being a shed-like building facing the south. Approximately, fifty per cent. of the cases admitted have improved, and seventy-four per cent. been cured.

The Oakes' Home and Adams Memorial, the former housing one hundred and ten and the latter forty-three patients, are each in the nature of a home, with a nurse on duty in each place. In Heartsease, the infirmary of the Oakes' Home, nurses are on duty all the time. No records are kept by the management of the patients or their condition and improvement. Patients in all stages of the disease are admitted, and the diet is liberal. Porcelain spittoons which contain a solution of bichloride of mercury are in use and these are emptied and washed twice daily. Each room is fumigated and cleaned after a patient leaves, and all bedding and linen is sterilized by steam. At the Oakes' Home, patients pay about twenty-five dollars a week in the infirmary, and from forty-five dollars a month up in the Home. The Adams Memorial charges each patient twenty-five dollars a month.

This, in brief, is a summary of the tuberculosis situation in Denver, and what the city is doing to meet the exigencies of the work. Besides these already mentioned, there are many small private sanitariums for the care of these cases. Owing to the fact that it is, as yet, not compulsory to report these cases to the Department of Health, accurate statements are impossible, and statistics are more or less vague, but as "he who runs may read" it is obvious that a vast army of sufferers from all sections of the world are continually pouring into Colorado, making the problem a growing one, which the future will be obliged to grapple with, sooner or later.

WHAT COÖPERATION HAS DONE FOR WOMEN*

By MRS. HELEN AVERY ROBINSON

President of the Woman's Club, Louisville, Kentucky

One of the honors that have come to me as presiding officer of the Woman's Club is this of addressing you to-day, and I realize my twofold pleasure and duty both as regards my own organization and yours.

The logical reason for my speaking is that I shall tell you who are making an effort toward state organization and legislation what coöperation has done for us.

It has done everything. It is our mainstay, and the basic principle from which all our splendid results are gained. It has bound us strongly together, and, as a club, we have coöperated with other clubs to form our State Federation, and again with other state organizations to form the General Federation of Women's Clubs, which to-day numbers eight hundred thousand women. Without coöperation, these would be an incoherent mass of individuals; with organization and coöperation, it is an august body which is one of the most potent influences for good or ill in the social and political life of the nation.

Think what that means—eight hundred thousand good women uniting in efforts to further reform and improvement in their many communities.

I cannot conceive that this influence should ever be other than good, for I believe what one speaker at the Biennial said, that "American women are the conservators of the intellectual and ethical life and culture of this country, and their clubs are a national crown of glory. They have been receptive for generations, and are now equipped for active service. The best aspirations of the times have become a part of their intellectual and moral fibre. They are the vestals of the temple of liberty, and their ability to elevate the standard of citizenship and life is beyond the possibility of measurement."

At the Biennial meetings of the Federation, one realizes what cooperation means in large ways.

The movement against child labor originated in our Federation in 1897, and grew until, in 1904, the present Standard Child Labor Law was framed and presented by a committee of which Miss Jane Addams was chairman. The women are still working, but have turned the body of the work over to the National Child Labor Committee, whose secre-

* Address at the organization of the Kentucky State Association of Graduate Nurses.

tary, Mr. Samuel McCune Lindsay, says that this law gives the most progressive platform for child labor agitation that has been presented in this country.

All this has been done by coöperation, and if you had heard one man after another representing Pure Food, Forestry, Free Art, Saving Niagara, and many other worthy bills before Congress, urge the influence of the Federation in these matters, you would realize how great coöperation for worthy aims has made that influence.

In our own Woman's Club, we, in our early days, did splendid work in connection with our Charity Organization in emergencies here in Louisville. This developed among us the idea of the Emergency Association, which is composed of all important women's organizations in the city, and is the means, in times of public emergency, of giving aid whenever needed without loss of time, and reaches over four hundred women for this work.

We established play-grounds for children in the congested districts, and later turned this work over to the Citizens' League.

We launched the Consumers' League work in the state, inaugurated the Public Bath movement, and much more which I shall not enumerate.

I have told you this so that you may realize some of the good results of coöperation in our club, which could not so easily have come without this pressure and impulse.

Again, many helpful ideas are born that would perhaps never have been expressed nor have been possible of concrete result without coöperation.

Lack of coöperation and organization is like a blow dealt with the open palm, which amounts to little compared to that dealt by the hand coördinated into a fist. In using this illustration, however, I do not advocate aggression. It is not the best method for women's work, though occasionally it must be resorted to; but I do urge you to associate yourselves together in one organization, and that your aim shall be the good of the whole.

Remember that difference of opinion in such bodies should be the means of developing splendid discussions by which you will grow and develop and your scope enlarge.

If it is wise and helpful for physicians and professional men to coöperate for mutual benefits and legal protection, it is wise for you nurses to do the same thing. You need to protect your own interests, and in doing this you protect those of the community, which turns with reliance to its nurses, as to its physicians. Its sense of security in you will be increased if the State protects your rights as graduate

and trained nurses against those who can now so easily claim the same position without the same training. If you form yourselves into an association, your position will be dignified and secure. You will all agree with me that it is not enough for us as individuals to work for our individual welfare.

So I urge you to associate yourselves into clubs, no matter how small, in every town where there are two, three, or more of you; then let these clubs federate. Discuss and decide just what you want to ask of the legislature, and have some lawyer friend help you formulate your bill, so that there may be no mistakes or confusion of ideas. You will be sure ultimately to get what you earnestly and worthily ask, and you will be amazed and encouraged to find how your horizon will widen and your possibilities as an organization increase. Seize your opportunity now. Opportunities are gifts from heaven, and we should not lose one.

FORMALDEHYDE AS A DISINFECTANT

THERE is one important point in room disinfection which is not generally considered even by those with knowledge, and that is that fumigation with a gas like formaldehyde does not cease its good work when the room is again occupied. It is absorbed to a certain extent by most surfaces, especially clothing, paper, and varnishes, and so continues to act upon germs already there and such as may come later for some time. It is well established that a weak disinfectant acting for a long time is frequently as effective as a strong one acting a short time. The presence of formaldehyde has been found on the surface of walls for weeks after they have been exposed to it. Hence the failure of substances to be sterilized at once is no proof of lack of action of a disinfectant in a room. In the same line the writer has seen most remarkable results follow the occasional use of weak solutions of formaldehyde on the floors of schoolhouses—solutions so weak that they gave no disagreeable odor. Infectious colds and other dust-borne diseases were much lessened among the scholars. We believe that the occasional use of such solutions on floors and surfaces in dwelling houses as well as public buildings would do a great deal towards improving public health.—*Bulletin N. C. Board of Health.*

"I HAVE but one lamp by which my feet are guided, and that is the lamp of experience. I know no way of judging of the future but by the past."—*Patrick Henry.*

DISPENSARY WORK

By ANNIE O'CONNOR
Pupil Nurse, New England Hospital, Boston, Mass.

Among the different nationalities one finds in dispensary visiting work are various grades of people, all with ideas and ways of their own, the majority living on the fourth or fifth floor, reached through narrow and dark halls and stairways.

Many families are too poor to provide the necessary nourishment for the sick one, so the doctor gives a diet order to the kitchen, good for ten days for milk or eggs each day as the case requires. Sometimes the members of the family are so huddled together that one must look round again and again for a place to put her bag, regardless of dirt. More often than otherwise, there are four or five little ones with dirty faces watching the stranger with the bag, and wondering what she is going to do, while father and mother are ready to answer questions and give what assistance they are able.

Some are clean and have a clear table, a fire, and hot water; others are quite at sea as to what one wants or is likely to need, so they simply look on and allow the nurse to search for things in a closet or corner, or perhaps send out to this neighbor or try another, until the needed article is obtained.

One of my first days began at 3.30 A.M., with a call to a mother of eight children, in labor. The husband, who had come to the dispensary, hurried ahead, saying he would have a light in the hallway. Occasionally in the darkness of the morning, we would get a glimpse of him, but could not see the numbers, until finally we remembered the light, and, seeing a dim one, found the door open and climbed the stairs. A young woman of about twenty-six sat in the kitchen. She was very untidy looking, the table was dirty and covered with dirty dishes, the chairs were full of clothes, and a crib with a child asleep in it was at one side. Still with our bags in our hands, we asked to see the patient. In an adjoining room, dimly lighted, was a large bed with the patient in labor, sitting up trying to put a baby to sleep. In a single bed were four children, two at the head and two at the foot, while a cot behind the door gave evidence of recent occupancy. A bureau, chairs, and mantelpiece, each packed with articles and clothes, filled the room, and there was no window open. Our bags were opened on the floor, and the necessary things removed, as we cleared the kitchen table and improvised a screen with two chairs and a sheet, to protect the mother's bed. As six o'clock

drew near the little ones began to peep up, one by one, and were carried to the kitchen, to be watched by the oldest one, a child of ten years. Shortly afterward a baby boy of eight pounds arrived, and soon the doctor and I were on our way to the dispensary, to resume our work at the clinics.

On calling the next day, I found, to my amazement, that the babe's chin and cheeks were skinned and raw from rough cloths and improper care. Several visits were needed to teach this mother how properly to care for her little one, and, with clean, soft linen instead of rough cloth, the face was soon healed.

The next call proved to be a pneumonia patient, in a remote district. The little one was very ill, having one convulsion after another. The mother could not speak English, and the father was away, so I had no one from whom to gain information. Very quickly I understood the case. One room was the home; here were stove, bed, chairs, boxes, and neighbors, occupying all available space. The mother's face was pathetic, as with tired, distracted expression, she watched me put her loved one in a cold pack. To her this was cruel, but her faith in the women doctors gained the day, and soon the wee one showed some signs of recognition and took its food. Anxious days and nights were spent over the unconscious babe, while the weary mother also had to be cared for by the nurse, who urged her to rest, and kept the tired eyes covered with cool compresses until she slept. Two days later happiness reigned where all had been anxiety.

Next day, when preparing supplies, word came that I return to the hospital, as my successor would join me presently. While answering questions and explaining things, an emergency call came. Both doctors were absent, so, selecting an emergency bag, my sister nurse hurried off with the messenger, while I attempted to reach the physicians, and then followed. We were none too soon, for our patient was having a hæmorrhage, and all our wits and skill were needed to work to advantage. Elevating the foot of the bed and opening a window, so easily done as a rule, were here difficult tasks, as the bed seemed fitted to the wall, and the windows were evidently little opened. How we worked, all the while watching the face and pulse of our patient and looking for the doctor! At last, when we felt the responsibility must fall on our shoulders and seconds seemed hours, the work was done, and slowly but surely our patient began to improve. We both felt that our training had not been in vain, and I, sorry that my days at Pope Dispensary were over.

NORTH CAROLINA BILL

Became a law March 2, 1903

1. *The General Assembly of North Carolina do enact:*

That any nurse who may present to the Clerk of the Superior Court of any county in the State, on or before December 31, 1903, a diploma from a reputable training-school for nurses conducted in connection with a general hospital, public or private, in which medical, surgical, and obstetrical cases are treated, or in connection with one of the three State hospitals for the insane, or who shall exhibit a certificate of attendance upon such training-school for a period of not less than two years, or who shall present a certificate signed by three registered physicians stating that she or he has pursued as a business the vocation of a trained nurse for a period of not less than two years and is in their judgment competent to practise the same, shall be entitled to registration without examination, and shall be registered by the Clerk of the court in the manner hereinafter provided.

2. That on and after January 1, 1904, registration as a trained nurse shall be made by the Clerk of the court solely upon the presentation to him of a license from the State Board of Examiners of nurses as created and provided by this act.

3. That there shall be established a Board of Examiners of nurses composed of five members, two physicians and three registered nurses, to be elected by the Medical Society of the State of North Carolina and the North Carolina State Nurses' Association respectively, to be known by the title of "The Board of Examiners of Trained Nurses of North Carolina." Their term of office shall be three years.

Three members, one of whom shall be a physician, shall constitute a quorum, and the majority of those present shall have a deciding vote. They shall each receive as compensation for his or her services when engaged in the work of the board four dollars a day and actual travelling and hotel expenses, the same to be paid out of money received for licenses issued, and in no case to be charged upon the Treasury of the State.

4. That the said Board of Examiners is authorized to elect such officers and frame such by-laws as may be necessary, and upon the occurrence of a vacancy is empowered to fill such vacancy for the unexpired term.

5. That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meeting it shall be their duty to examine all applicants for license as registered nurse, of good moral character, in the elements of anatomy and physiology, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R.N." The said Board of Examiners may in its discretion issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Such applicant before receiving license shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

6. That the Clerk of the Superior Court of any county, upon presentation to him of a license from the said Board of Examiners, shall register the date of registration with the name and residence of the holder thereof in a book to be kept in his office for this purpose and marked "Register of Trained Nurses," and shall issue to the applicant a certificate of such registration under the seal of the Superior

Court of the county upon the form furnished him as hereinafter provided, for which registration he shall be paid fifty cents by the applicant.

7. That it shall be the duty of the North Carolina State Nurses' Association to prescribe a proper form of the certificate required by this act, and to furnish the same in sufficient quantity suitably bound in a book and labelled "Register of Trained Nurses" to the Clerk of the court of each county in the State.

8. The said Board of Examiners shall have power after twenty-days' notice of the charges preferred and the time and place of meeting, and after a full and fair hearing on the same, by a majority vote of the whole board, to revoke any license issued by them for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of a license or certificate, the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board, and upon notification of such action by said secretary by the Clerk of the court from his register.

9. That any person procuring license under this act by false representation, or who shall refuse to surrender a license which has been revoked in the manner prescribed in Section 8, or who shall use the title "Registered Nurse" or "R.N." without first having obtained license to do so, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than fifty dollars or imprisonment not exceeding thirty days.

10. That nothing in this act shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained, registered or not registered.

11. That this act shall be in force from and after its ratification.

NEW JERSEY BILL

Became a law April 7, 1903

1. Any graduate nurse desiring to practise the profession of a trained nurse must first obtain a license from the Clerk of the county in which such applicant resides, and the Clerk thereof is hereby authorized to issue such license, provided said applicant shall present to him a diploma awarded by a training-school connected with a hospital of this State where at least two-years' practical and theoretical training is required before its students are graduated as trained nurses; if the said diploma does not show the term required by the training-school awarding the same, then the applicant must file with the County Clerk an affidavit made by the secretary of said training-school, or the president of the faculty thereof, setting forth the term of practical and theoretical training required by said training-school of its students before they are graduated as trained nurses.

2. Any person heretofore awarded a diploma of a graduate nurse by training-schools of this State other than those mentioned in the preceding section may apply to the Clerk of the county in which such applicant resides for the license provided by this act, and such clerk is hereby authorized to issue same if the person making such application was awarded such diploma upon the completion of at least two years' practical and theoretical training in nursing.

3. Any graduate nurse holding a diploma of a trained nurse awarded by a training-school of another State may obtain a license to practise such profession

in this State provided the training-school awarding such diploma shall require the same qualifications of its graduate nurses as are provided for applicants of this State; if the diploma of said non-resident applicant does not show the course of training required by the training-school awarding the same, then the applicant shall file an affidavit of the secretary of the hospital connected with said training-school or the president thereof, setting forth the requirements of said training-school before diplomas are awarded to its students; graduate nurses residing out of the State and seeking the license herein provided may apply to the Clerk of any county in this State upon being identified by a resident thereof.

4. Before any license shall be issued to an applicant under the provisions of this act, a fee of fifty cents shall be paid to the Clerk issuing the same.

5. The said license shall be in form as follows:

"STATE OF NEW JERSEY, }
County of } *ss.*

"*To whom it may concern, greeting:*

"This is to certify that.....(giving place of residence) is authorized to practise the profession of a graduate nurse in the State of New Jersey in accordance with the laws thereof.

"In witness whereof I have hereto attached my name and official seal this ..... day of ..... Anno Domini one thousand nine hundred and .....

".....

[SEAL] "Clerk of the County..... "

6. Any person violating any of the provisions of this act shall for every offence forfeit and pay the sum of fifty dollars, to be used for and recovered by the Prosecutor of the Pleas for the use of the county in which such offence is committed. Provided, however, that this act shall not apply to graduate nurses, residents of a foreign State, who shall have at least two-years' practical and theoretical training, or have graduated from a training-school connected with a public hospital, who shall visit this State as a companion or nurse for a non-resident of this State sojourning within the State, or who shall be called in a case by any resident physician of this state. Provided, also, that nothing in this act shall be held or construed as preventing or in any way interfering with any person or persons practising the profession or business of nurses or nursing without obtaining a license for that purpose if they do not advertise or hold themselves out as a graduate nurse.

NEW YORK BILL

Became a law April 27, 1903

206. *Who may Practice as Registered Nurses.*—Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training-school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a registered nurse, shall be styled and known as a registered nurse,

and no other person shall assume such title, or use the abbreviation "R.N." or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Before beginning to practise nursing every such registered nurse shall cause such certificate to be recorded in the County Clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county. In the month of January, nineteen hundred and six, and in every thirty-sixth month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said County Clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such re-registration. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

207. *Board of Examiners; Examination; Fees.*—Upon the taking effect of this act the New York State Nurses' Association shall nominate for examiners ten of their members who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter two other candidates. The Regents of the University of the State of New York shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of any examiner the said Regents shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner caused by death, resignation, or otherwise shall be filled by the Regents in the same manner as an original appointment is made. The said Regents, with the advice of the Board of Examiners above provided for, shall make rules for the examination of nurses applying for certification under this act, and shall charge for examination and for certification a fee of five dollars to meet the actual expenses, and shall report annually their receipts and expenditures under the provisions of this act to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer. The said Regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practise as a registered nurse under any such revoked certificate.

208. *Waiver of Examinations.*—The Regents of the University of the State of New York may, upon the recommendation of said Board of Examiners, waive the examination of any persons possessing the qualifications mentioned in section two hundred and six, who shall have been graduated before, or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practice of nursing as have had three-years' experience in a general hospital prior to the passage of this act, who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act, who shall satisfactorily pass an examination in practical nursing within three years hereafter.

209. *Violations of this Article.*—Any violation of this article shall be a misdemeanor. When any prosecution under this article is made on complaint of the New York State Nurses' Association, the certificate of incorporation of which was filed and recorded in the office of the Secretary of State on the second day of April,

nineteen hundred and two, the fines collected shall be paid to said association, and any excess in the amount of fines so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

2. Article twelve of the public health law, consisting of sections two hundred and ten to two hundred and twenty, inclusive, is hereby renumbered as article thirteen of said law.

3. This act shall take effect immediately.

VIRGINIA BILL

Became a law May, 1903

1. *Be it enacted by the General Assembly of Virginia*, That within sixty days after the passage of this act the Governor of this State shall appoint a State Board of Examiners of graduate nurses, to be composed of five (5) members, to be selected by the Governor from twelve (12) nominations submitted to him by the Virginia State Association of Graduate Nurses. One of the members of this board shall be designated to hold office one year, one for two years, one for three years, one for four years, one for five years; and thereafter, upon the expiration of the term of office of the person so appointed, the Governor of the State shall appoint a successor to each person whose term of office shall expire to hold office for five years, and the person so appointed shall be selected by the Governor from a list of seven nominations submitted to him by the Virginia State Association of Graduate Nurses. In case appointment of a successor is not made before the expiration of the term of any member, such member shall hold office until a successor is appointed and duly qualified. Any vacancy occurring in membership of the board shall be filled by the Governor of this State for the unexpired term of such membership.

2. The members of the State Board of Examiners of registered nurses shall, before entering on the discharge of their duties, make and file with the Secretary of the Commonwealth the constitutional oath of office. They shall, as soon as organized, and annually thereafter in the month of January, elect from their number a president and a secretary, who shall be the treasurer. The treasurer, before entering upon his or her duties, shall file a bond with the Secretary of the Commonwealth for such sum as shall be required of him or her by the said Secretary of the Commonwealth. The board shall adopt rules and regulations not inconsistent with this act to govern its proceedings, and also a seal, and the secretary shall have the care and custody thereof, and he or she shall keep a record of all proceedings of the board, including a register of the names of all nurses duly registered under this act, which shall be open at all reasonable times to public scrutiny; and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on that behalf. The secretary of the board may receive a salary, which may be fixed by the board, and which shall not exceed one hundred dollars ($100.00) per annum; she or he shall also receive travelling and other expenses incurred in the performance of her or his official duties. The other members of the board shall receive the sum of one dollar for each day actually engaged in this service, and all legitimate and necessary expenses incurred in attending the meeting of said board. Said expenses and salaries shall be paid from the fees received by the board under the provisions of this act, and no part of the salary

or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said per diem allowance and other expenses provided for shall be held by the treasurer as a special fund for meeting the expenses of said board and the cost of (annual) reports of the proceedings of said board.

3. Three members of the board shall constitute a quorum. Special meetings of the board shall be called by the secretary upon written request of any two members. The board shall adopt rules and regulations for the examination of applicants for licenses, certificates, or to practise professional nursing of the sick in accordance with the provision of this act, and may amend, modify, and repeal such rules and regulations from time to time. The board shall, immediately upon the election of the officers thereof, and upon the adoption of its rules of government, or its rules and regulations for examination of applicants for registration, file with the Secretary of the Commonwealth and publish in at least one journal devoted to the interest of professional nursing and one daily newspaper published in the State of Virginia at least twice the name and address of each officer, and a copy of such rules and regulations or the amendment or modification thereof.

4. Provision shall be made by the board hereby constituted for holding examinations at least twice in each year. All examinations shall be made directly by said board or a committee of two (2) members delegated by the board, and due notice shall be given of the time and place of holding such examination, as in the case provided for the publication of the rules and regulations of said board. The examination shall be of such character as to determine the fitness of the applicant to practise professional nursing of the sick. If the result of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect upon payment to the secretary by the candidate of a fee of five dollars ($5.00); whereupon the person named on the certificate shall be declared duly licensed to practise professional nursing in this State. Any persons from other States who shall show to the satisfaction of the board that he or she is properly and duly registered for the practice of professional nursing in such States, upon payment of usual fees for certificate is entitled to a license to practise professional nursing in this State without an examination.

5. The applicant who desires to practise professional nursing shall furnish satisfactory evidence that she or he is more than twenty-one (21) years of age, is of good moral character, has received a sufficient preliminary education as may be determined by the board, and has graduated from a training-school of a general hospital of good standing, as may be determined by the board, and where at least two-years' training in the hospital and systematic courses of instruction are given. All nurses graduating before January 1, 1904, shall be exempt from State examination.

6. Any person who shall show to the satisfaction of the board that she or he was engaged in the practice of professional nursing of the sick on the date of the passage of this act shall be entitled to a license without passing an examination; provided, such application shall be made within twelve months after the passage of this act.

7. All persons who have duly received licenses or certificates in accordance with the provisions of this act shall be known and styled a registered nurse, and it shall be unlawful after one year from the passage of this act for any person to practise professional nursing of the sick as such for compensation without a license or

certificate in this State, or to advertise as or assume the title of trained nurse or graduate nurse, or to use the abbreviation of "T.N." or "G.N.," or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse.

8. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than fifty dollars ($50.00) nor more than two hundred dollars ($200.00) for the first offence, and not less than one hundred dollars nor more than five hundred dollars ($500.00) for each subsequent offence.

9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered or graduate nurse.

10. Any person who shall wilfully make any false representation to the Board of Examiners in applying for a license shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not less than five hundred dollars ($500.00) nor more than one thousand dollars ($1,000.00).

11. The State Board of Examiners of graduate nurses shall have the power to revoke any certificate or license issued in accordance with this act by unanimous vote of said board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the board; but before any license or certificate shall be revoked the holder thereof shall be entitled to at least thirty days' notice of the charge against her or him, and of the time and place of hearing and determining of such charges, at which time and place she or he shall be entitled to be heard. Upon the revocation of any certificate or license, it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses.

12. This act shall be in force from its passage.

STATE OF MARYLAND

AN ACT

TO PROVIDE FOR STATE REGISTRATION OF NURSES

Signed by the Governor March 25, 1904

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That upon the taking effect of this Act, the Maryland State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession. These nominations shall be submitted to the Governor of the State, who shall from said number appoint, within sixty days, a Board of Examiners, to be composed of five (5) members. One of the members of this Board shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years, from a list of five nominations submitted to him by the Maryland State Association of Graduate Nurses annually. All vacancies occurring on this Board shall be filled by the Governor in the same manner

from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

SEC. 2. *And be it further enacted,* That the members of this State Board of Examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a President and a Secretary, who shall be the Treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the Secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The Secretary shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expenses on this behalf. The Secretary shall receive a salary to be fixed by the Board, not to exceed one hundred dollars ($100.00) per annum, also traveling and other expenses incurred in the discharge of her official duties. The other members of the Board shall receive five dollars ($5.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provision of this Act, and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for, shall be held by the Treasurer for meeting the expenses of the said Board and the cost of annual reports of the Board.

SEC. 3. *And be it further enacted,* That after June 1, 1906, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration, each applicant shall deposit a fee of five dollars ($5.00).

SEC. 4. *And be it further enacted,* That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high school education, and has graduated from a training-school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital, or has graduated from a training-school in connection with a hospital of good standing supplying a systematic three years' training corresponding to the above standards, which training may be obtained in two or more hospitals.

SEC. 5. *And be it further enacted,* That all nurses graduating before June 1, 1906, possessing the above qualifications, shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training-schools connected with a general hospital or sanitarium giving two years' training or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five years after graduation, prior to the passage of this Act, also those who are

in training at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1906.

Graduates of training-schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1906; or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners in subjects not adequately taught in the training-schools from which they have been graduated.

And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 6. *And be it further enacted,* That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SEC. 7. *And be it further enacted,* That any person violating any of the provisions of this Act, or who shall willfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred dollars ($500.00).

SEC. 8. *And be it further enacted,* That the State Board of Examiners of graduate nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charges made, by a majority vote of the whole Board, the certificate can be revoked.

SEC. 9. *And be it further enacted,* That this Act shall take effect from the date of its passage.

THE INDIANA BILL FOR THE STATE REGISTRATION OF NURSES

THE Barron House Bill, No. 15, signed by Governor Hanley, February 27, 1905:

"A BILL for an act requiring the registration of all trained nurses, providing a Board of Registration and Examination, fixing the number, duties, and qualifications of said board, and providing for the registration of nurses, providing penalties for violation of said act,

"SECTION 1. *Be it enacted by the General Assembly of the State of Indiana,* That upon the taking effect of this act the Governor shall appoint, within sixty days, a State Board of Registration and Examination of Nurses, to be composed of five members who have not had less than five-years' experience in their profession, exclusive of their training, and who shall not be connected with any hospital. One of these members shall be designated by the Governor to hold office for one year, two for two years, and two for three years, and thereafter, upon the expiration of

the term of office of the person or persons so appointed the Governor shall appoint successors to such person or persons to hold office for three years. All vacancies occurring on this board shall be filled by the Governor from persons qualified as above stated.

"SEC. 2. The members of the said State Board of Registration and Examination shall meet in the City of Indianapolis as soon as organized, and annually thereafter in the month of July shall elect from their members a president and also a secretary, who shall be the treasurer. Three members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two members. The State Board of Registration and Examination is authorized to frame such by-laws as may be necessary to govern its actions. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act; said register shall, at all reasonable times, be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on this behalf. The said by-laws shall provide the subjects upon which applicants shall be examined. The secretary shall receive a salary to be fixed by the board not to exceed five hundred ($500) dollars per annum, also travelling and other expenses incurred in the discharge of their official duties. The other members of the board shall receive five ($5) dollars per day for each day actually engaged at the meetings of the board, and legitimate and necessary expense. Said expense and salary shall be paid from fees received by the board under the provisions of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury.

"SEC. 3. The clerk of the Circuit Court of any county, upon presentation to him of a certificate from the State Board of Registration and Examination, shall register the date of registration, with the name, residence, and address of the holder thereof, in a book to be kept in his office for this purpose, and marked "Register of Trained Nurses," and shall issue to the applicant a certificate of such registration under the seal of the Circuit Court of the county, for which registration he shall be paid fifty cents by the applicant.

"SEC. 4. That after June 1, 1908, it shall be the duty of said Board of Registration and Examination to meet not less frequently than once a year. Notice of each meeting shall be given in one daily newspaper and in one nursing or medical journal published within the State of Indiana thirty days prior to said meeting. At these meetings it shall be the duty of said Board of Registration and Examination to examine the diplomas and credentials of all applicants for registration under this act. Said board shall also examine such applicants on the branches usually taught in the training-schools for nurses to determine their fitness and ability to give efficient care to the sick. The said board shall require of each applicant for examination and registration a fee of ten ($10) dollars, to be paid upon application.

"SEC. 5. That after June 1, 1908, the applicant shall furnish satisfactory evidence that he or she is twenty-one years of age, of good moral character, has received the equivalent of a High-School education, and has been graduated from a training-school for nurses connected with a general hospital approved by the board, where a systematic course of two-years' instruction is given.

"SEC. 6. Any resident of the State of Indiana, being over the age of twenty-one years, of good moral character, holding a diploma from a training-school for nurses connected with a general hospital giving a course of at least two-years'

training or having had seven-years' experience, three of which shall have been spent in a general or special hospital and engaged in professional nursing at the date of or prior to the passage of this act, shall be entitled to registration without examination, provided such application be made before January 1, 1906. All nurses in training at the time of the passage of this act and possessing the above qualifications shall be entitled to registration without examination, provided application is made before June 1, 1908. Graduates of training-schools in connection with special hospitals giving a two-years' course who shall obtain six-months' additional training in a general hospital approved by the State Board of Registration and Examination shall be eligible for registration without examination before June 1, 1908; or said graduates shall be eligible for registration prior to said date who have nursed five years prior to the passage of this act; or upon passing of special examination before the State Board of Registration and Examination in subjects not adequately taught in the training-school from which they have been graduated.

"The by-laws shall provide for the examination and qualification of nurses who make application before January 1, 1906, who have not graduated from a training-school, and who have been engaged in nursing ten years, and who are otherwise eligible, and who shall present required credentials from physicians for whom they have nursed.

"All applicants under this section shall pay to the said board the sum of five ($5.00) dollars at the time of making application.

"SEC. 7. The State Board of Registration and Examination shall have power, after thirty-days' notice, upon written charge being preferred and the time and place of meeting being fixed, and after full and free hearing of the same by a majority vote of the entire board, to revoke any license issued by said board for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of the license or certificate the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of of the board and notice sent of same to the clerk of the Circuit Court of the county in which he or she resides, and there shall be no appeal therefrom.

"SEC. 8. Every person who shall have duly received a license and certificate in accordance with the provisions of this act shall be known and styled a 'registered nurse,' and it shall be unlawful after one year from the passage of this act for any person to practise or advertise as or assume the title of trained nurse or graduate nurse or to use the abbreviations of 'T.N.' or 'G. N.' or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse, unless he or she shall have first received a license and certificate in accordance with the provisions of this act.

"SEC. 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person nursing the sick for hire who does not in any way assume to be a registered or graduate nurse.

"SEC. 10. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than twenty-five ($25) dollars and not more than fifty ($50) dollars for the first offence, and not less than fifty ($50) dollars and not more than one hundred ($100) dollars for each subsequent offence."

THE COLORADO BILL

THE following is the Colorado bill as signed by Governor MacDonald April 12, 1905:

"A BILL for an act relating to professional nursing.

"*Be it enacted by the General Assembly of the State of Colorado:*

"SECTION 1. That within sixty days after the taking effect of this act the Governor of the State shall appoint a State Board of Nurse Examiners, to be composed of five members. Each of the members of said board so appointed by the Governor shall be a trained nurse of at least twenty-three (23) years of age, of good moral character, who is a graduate from a training-school connected with a general hospital or sanitarium of good standing where a three-years' training with a systematic course of instruction is given in the wards; one of the members of said board shall be designated by the Governor to hold office for one year, one for two years, one for three years, one for four years, and one for five years, and thereafter upon the expiration of the term of office of the person so appointed the Governor shall appoint a successor to each person to hold office for five years, each of whom shall be a registered nurse under the provisions of this act and shall fulfil the requirements in this section set forth.

"SEC. 2. That the members of said board shall, as soon as organized, annually in the month of April elect from their members a president and a secretary, who shall also be the treasurer. Three members of this board shall constitute a quorum, and special meetings of said board shall be called by the secretary upon the written request of any two members. The board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purpose of this act. The secretary shall be required to keep a record of all the meetings of said board, including a register of the names of all nurses duly registered under this act, which shall at all reasonable times be open to public scrutiny, and said board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expenses on that behalf. That the president and secretary shall make a biennial report to the Governor on the second Monday of December immediately preceding the convening of the Legislature, together with a statement of the receipts and disbursements of said board.

"SEC. 3. That after April, 1906, it shall be the duty of said board to meet not less frequently than once in every three (3) months, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At said meetings it shall be the duty of the board to examine all applicants for registration under this act. Upon filing application for examination each applicant shall pay a registration fee of ten dollars. The examination shall be of such a character as to determine the fitness of the applicant to practise professional nursing as contemplated by this act. If the result of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect; whereupon the person named in the certificate shall be declared duly qualified to practise professional nursing in this State. Any person from any other State who shall show to the satisfaction of the board that he or she is a trained, graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the rules prescribed by said board, may, upon payment of the usual fee therefor, receive a certificate and be registered as a nurse of this State without examination.

"SEC. 4. That all nurses who are engaged in nursing at the date of the passage of this act and who shall show to the satisfaction of said board that they are graduates of training-schools connected with a hospital or sanitarium giving two-years' general training, or prior to the year 1901 having given eighteen-months' general training and who maintain in other respects proper standards; or who are in training in the wards of a general hospital or sanitarium where a two-years' training with a systematic course of instruction is given at the time of the passage of this act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made to this board before April, 1906. It shall be unlawful after April, 1906, for any person to practise nursing as a trained, graduate, or registered nurse without a certificate from the State Board of Nurse Examiners. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as a 'Registered Nurse.' No other person shall assume such title or use the abbreviation 'R.N.,' or any other letters, to indicate that he or she is a trained, graduate, or registered nurse.

"SEC. 5. That the State Board of Nurse Examiners shall have the power to revoke any certificate issued in accordance with this act by unanimous vote of said board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the board; but before any certificate shall be revoked the holder thereof shall be entitled to at least thirty-days' notice in writing of the charge against him or her, and of the time and place of hearing and determining of such charges, at which time and place he or she shall be entitled to be heard. Upon the revocation of any certificate it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses.

"SEC. 6. All fees received by the State Board of Nurse Examiners, and all fines collected under this act, shall be paid to the treasurer of said board, who shall at the end of each and every month deposit the same with the State Treasurer; and the said State Treasurer shall place said money so received in a special fund to be known as the fund of the State Board of Nurse Examiners, and shall pay the same out on vouchers issued and signed by the president and secretary of said board upon warrants drawn by the Auditor of the State therefor. All moneys so received and placed in said fund may be used by the State Board of Nurse Examiners in defraying its expenses in carrying out the provisions of this act.

"SEC. 7. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family or to any person nursing the sick for hire who does not in any way assume the practice as a trained, graduate, or registered nurse.

"SEC. 8. That any person violating the provisions of this act, or who shall make any false representations to said board, in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, be punished by a fine of not more than three hundred dollars ($300.00); *provided*, that nothing in this act shall apply to nurses who have served as such in the army of the United States in the Civil War or the Spanish-American War.

"SEC. 9. In the opinion of the General Assembly an emergency exists; therefore, this act shall take effect and be in force from and after its passage."

STATE OF CONNECTICUT

AN ACT

REGULATING THE PRACTICE OF PROFESSIONAL NURSING OF THE SICK

Became a law June 6, 1905

SECTION 1. From and after July 1, 1905, there shall be a board of examination and registration of nurses, composed of five members, appointed by the governor, and all vacancies in said board shall be filled by the governor in like manner. The members of said board shall be residents of the State of Connecticut and shall be practical nurses, each of whom shall be a graduate of a training-school for nurses which gives a two years' course in a general hospital, and shall have had at least eight years' experience in professional nursing of the sick. Each member shall be appointed for a term of three years from the date when the appointment shall take effect, except those first appointed, who shall serve as follows: one for one year, two for two years, and two for three years from the date their appointments take effect respectively, and except a person appointed to fill a vacancy, who shall be appointed for the unexpired term.

SEC. 2. Said board shall, at the first meeting thereof, and at the annual meeting which shall be held on the first Wednesday in June, 1906, and on the first Wednesday in June in each year thereafter, elect from its own number a president and a secretary who shall also be treasurer. Said board may adopt a seal, and may adopt such by-laws, rules and regulations for the transaction of the business of the board and the government and management of its affairs, not inconsistent with the laws of this state and of the United States, as it may deem expedient. Three members of said board shall constitute a quorum, and special meetings shall be called upon request of any two members. On request of said board the comptroller shall provide a suitable room in the capitol for its meetings.

SEC. 3. The members of said board shall receive their actual necessary expenses incurred in the discharge of their duties, and the secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars per year. Said expenses and said salary shall be paid out of the receipts of said board as hereinafter specified.

SEC. 4. At a meeting of said board to be held within sixty days after the appointment of the members thereof, and at the annual meeting in each year thereafter and at such special meetings as said board may deem necessary to hold for that purpose, notice of each of which meetings shall be given by publication in such newspapers as the board may determine at least one month previous to such meetings, said board shall examine all applicants for registration under the provisions of this act to determine their qualifications for the efficient nursing of the sick. Any person twenty-one years of age or over and of good moral character who shall show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or has had such experience as said board shall find to be equivalent thereto, shall be eligible for such examination upon payment of a fee of five dollars, to be deposited upon the filing of the application

for examination. Said examination shall include the subjects of elementary anatomy and physiology, medical, surgical, and obstetrical nursing, dietetics, and home sanitation. If such applicant shall pass said examination to the satisfaction of the board, said board shall issue a certificate of registration to said applicant.

SEC. 5. Any person twenty-one years of age or over and of good moral character, applying for registration within two years from the passage of this act, and who shall, by affidavit or otherwise, show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two-years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or that he or she was, at the passage of this act, a student in such training-school for nurses and afterwards was graduated therefrom, or has had such other experience as said board shall find to be equivalent thereto, shall be eligible for registration without examination, upon payment of a fee of five dollars.

SEC. 6. Said board may cancel the registration of any person who has been convicted of any felony, or of any crime or misdemeanor in the practice of the profession of nursing.

SEC. 7. It shall be unlawful, after two years from the passage of this act, for any person to practice professional nursing in this state as a registered nurse without having a certificate of registration. A nurse who has received such certificate shall be styled and known as a "Registered Nurse," and no other person shall assume such title, or use the abbreviation "R.N." or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Every person who shall violate any provision of this act, who shall wilfully make false representation to said board in applying for a certificate of registration, shall be fined not more than one hundred dollars; *provided*, that nothing in this act shall be held to apply to the acts of any person nursing the sick who does not represent himself or herself to be a registered nurse. The board shall cause to be presented to the proper prosecuting officer evidence of any violation of the provisions of this act and may incur any necessary expenses in the performance of this duty, said expenses to be paid out of the receipts of said board.

SEC. 8. All fees collected by said board under the provisions of this act shall be paid to the secretary of the board, and said secretary shall pay from the moneys so received the salary of said secretary and the necessary expenses of the members as provided in section three of this act, also for books, stationery, and other necessary expenses of the board; provided, that said board shall create or incur no expense exceeding the sum received from time to time as fees under the provisions of this act. The secretary shall before taking office give to the state a bond, with surety, conditioned for the faithful performance of the duties of said office, in the penal sum of not less than five hundred dollars; and shall keep an account of all moneys received and expended as aforesaid and shall render a detailed statement thereof to the comptroller on or before July first in each year.

SEC. 9. This act shall take effect from its passage.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The Salt-Free Diet in Epilepsy.—The *New York State Journal of Medicine* says: "Italian physicians have made a study of the influence of the salt-free diet and the reduced salt diet in the treatment of epilepsy. Their conclusions, quoted in the *Practitioner,* are to the effect that the salt-free diet notably diminishes in all epileptics the number and violence of attacks; in some cases they were kept away for months. The reduced salt diet only diminishes the number of fits. To reduce their violence and number to any extent, it was only necessary to give, at the same time, small doses of bromide. In the milder forms of epilepsy the salt-free diet is sufficient to diminish and even to suppress the disease for a long time, but in the more severe forms bromides must be given as well. A salt-free diet by itself or in combination with bromides, even when kept up for some years, does not produce on the patients any disturbance of the general condition, either of body or mind."

Quassia in Inebriety.—Dr. T. D. Crothers, of Hartford, Connecticut, stated at a meeting of the Medical Society of Virginia that an aqueous solution of quassia, two ounces every hour, given for a day or two before an expected spree, will destroy the craving for drink and even render it distasteful.

Removal of Adherent Strips of Gauze.—The *Journal of the American Medical Association,* quoting from *Centralblatt f. Chirurgie,* says: "Lauenstein takes hold of the end of the strip of gauze with forceps, and, instead of pulling it out, twists it continually on its axis. His experience has been that this loosens up small regions of adhesions at a time, and the final removal of the gauze is then an easy matter, even after a Mikulicz tamponade."

The Feeding of Young Children.—The *New York Medical Journal,* in a synopsis of an article in the *Edinburgh Medical Journal,* says: "Potts thinks few subjects have been more studied and discussed in

recent years than that of the feeding of infants under one year of age, and that few matters of importance have been more neglected than their feeding at a later stage. Errors in feeding at the latter period arise from want of appreciation of two important principles: 1. The capacity for salivary digestion is at first altogether wanting, and even later in childhood tends to be deficient. 2. The teeth, as soon as they appear, require proper use. As to the first of these, salivary digestion being difficult, starchy foods must be given in a very digestible form. Thorough mastication must be taught and encouraged, the food being therefore given in as dry a form as possible. As soon as the incisors are through the gums, the first step should be taken to discontinue liquid diet. Crusts and bones may be given to encourage mastication. Also raw apples and nuts, and the farinaceous food should be given in a semi-solid form. Overeating must be guarded against."

Natural Disinfection of the Intestine.—The *Medical Record,* in an abstract of a paper in the *Münchener Medizinische Wochenschrift,* says: "Moro points out the inadequacy and undesirability of attempts at intestinal disinfection by the administration of antiseptic drugs, or even of calomel, and emphasizes the desirability of devising some method which should be in harmony with the natural defensive forces of the organism. The stool of the breast-fed infant presents as its predominating bacterial component the *Bacillus bifidus* of Tissier and the extreme activity and great vitality of this organism enable it rapidly to overgrow all other bacteria that may be present in the intestine. The author has found that a most efficient means of ridding the gut, both of children and of adults, of undesirable bacterial guests consists in the administration of human milk. In a surprisingly short time the *Bacillus bifidus* will have overgrown all of its competitors. While at present the method is difficult of application on account of the scarcity of breast milk, it seems likely that it will be possible to discover the particular substance in this fluid which is so advantageous to the organism in question, and in that case the problem might be simplified."

The Care of the Abdominal Walls After Delivery.—The *New York Medical Journal,* quoting from a German contemporary, says: "Brose believes that the abdomen should be bandaged immediately after delivery in order to prevent relaxation of the abdominal muscles, and bring the muscles back into their proper position."

Six Weeks in Bed, says *American Medicine,* was the old treatment for acute articular rheumatism. Six weeks in typhoid, six weeks in iritis, six weeks in gonorrhœa at its best, and six weeks in so many other infections, all suggest that perhaps here there is the basis for some kind of a generalization. Perhaps the organism really requires six weeks to gather its forces and manufacture its supplies to defeat an army of invading parasites of certain species and repair the damage they inflict. It is a thought well worth following up. Even if there is no such general law possible, it is a good rule to impress upon patients even in the most trivial complaints—a cold—an influenza—a depression from overwork.

Methylene Blue in Inoperable Cancer.—Dr. Abraham Jacobi reports in the *Journal of the American Medical Association* the effects of methylene blue in many cases of cancer in which operation was impossible. His results were satisfactory in relieving pain, prolonging life, and producing such improvement that the patient was enabled to attend to the ordinary business. He does not think that he has ever cured a case, yet one man has been under observation for four or five years, and one woman for eight or nine. He has commenced to expose the patient to sunlight as an auxiliary to the drug.

Local Anesthesia.—The *Journal of the American Medical Association,* quoting from the *Buffalo Medical Journal,* says: "Clinton is of the opinion that certain cases of profound sepsis, notably empyema and local abscess of the abdomen, are more safely attacked under local anesthesia. In order to satisfy his own mind as to the relative importance of the solution used, or the manner of using it, he had a patient prepared for a double herniotomy. With a large syringe and a small needle the skin was infiltrated with plain sterile warm water. Next the fatty tissue was blown up, and then an incision was carried to the external oblique. The patient did not feel any pain. By ballooning up each layer of muscle and fascia with warm water, and massaging it before it was cut, it was found that anesthesia was as complete as if a strong cocaine solution had been used."

Action of Tea on Typhoid Bacillus.—The same journal, in a synopsis of an article in the *Journal of the Royal Army Medical Corps,* says: "As the result of an investigation of the action of cold tea on the typhoid bacillus, McNaught found that after four hours' contact the

organism diminished greatly in numbers, and that after twenty hours it could not be recovered from cold tea. The tea was prepared by pouring about one litre of boiling water on three heaped-up teaspoonfuls of tea. The tea was allowed to infuse for ten minutes. McNaught suggests that cold tea may be used as a substitute for water in soldiers' water bottles on active service."

Abortive Treatment of Boils.—The *New York Medical Journal* has the following: "A method of checking the development of furuncles has been described by Vikentiev (*Vratchebnaya Gazetta,* through *Le Bulletin médical*). If the treatment is applied early, the boil will proceed to dry up after one intervention. The method is described as follows: Apply a solution of soft soap in alcohol, which is then to be washed off with alcohol, and a small piece of absorbent cotton wet with the same solution is placed on the surface until the liquid has evaporated. The region is again to be rubbed with the tincture of soft soap (made with potash), and the latter is allowed to dry on the surface. In the great majority of cases this is all that is required, and the furuncle aborts without further treatment. The method is also useful with furuncles already advanced in their development, as it reduces to the minimum the extent of the purulent collection."

"Our strength grows out of our weakness. Not until we are pricked and stung and sorely shot at, awakens the indignation which arms itself with secret forces. A great man is always willing to be little. Whilst he sits on the cushion of advantages he goes to sleep. When he is pushed, tormented, defeated, he has a chance to learn something; he has been put on his wits, on his manhood; he has gained facts; learns his ignorance; is cured of the insanity of deceit; has got moderation and real skill.

"The wise man always throws himself on the side of his assailants. It is more his interest than theirs to find his weak point. Blame is safer than praise. I hate to be defended in a newspaper. As long as all that is said is against me, I feel certain of success. But as soon as honeyed words of praise are spoken for me, I feel as one that lies unprotected before his enemies. In general, every evil to which we do not succumb is a benefactor."—*Emerson.*

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE CONFERENCE IN PARIS

With the arrival of the New Year we begin to have visions of steamer tickets dancing before our eyes and are anxious to get other preoccupations swept out of the way in order to be ready for Paris. The Conference will convene in Paris about the middle of June (the precise day is not yet quite certain), and will last for, probably, three days, with a morning and afternoon session each day. As to the programme, the subject of Practical Training will be presented by such eminent matrons as Miss Stewart, Miss Huxley, and Miss Nutting, while contributory reports on the progress of practical teaching in the countries where it is now in process of development will be given by our sisters from Germany, Holland, France, and Italy. A whole day will doubtless be needed to do this subject justice and allow time for discussion. The theme of Professional Organization will occupy all of another, for in this connection there is much to hear and to tell, including, as it will, the story of the nursing press, which has been the chief engine of nursing progress in many nations, and gives us so much to be proud of. In this connection we must hear from the Leagues and Alumnæ, the state and national and the international associations, of their progress, and give, no doubt, some time to talking over the affairs of those countries where organization has barely begun, as in France and Italy.

On the third day we hope to take up some of the lines of nursing which may rightly be called Public Health problems, such as the modern efforts to reduce infant mortality, the pure milk distribution, public school nursing, the share of the nurse in the war against infections, tuberculosis, etc., military and naval services, sanitary inspection under health boards, visiting nursing among the poor, etc. We hope to have enlightening discussions on all these topics, showing a consensus of what is being done in all countries. There will also be time given to visiting the French hospitals, and Miss Mollett, who is better than a first-rate guide, is arranging for trips of combined pleasure and instruction around

beautiful Paris for the English nurses, and we are sure she will let all the others go, too. It is not yet quite certain where the meetings will be held, but that will soon be arranged and announced.

We remind all nurses again that this conference is informal and open to all, that no formal credentials will be required. All will be welcome to come and join in the discussions. A paper that will no doubt be interesting to many of our foreign sisters will be one offered by Miss Van Vollenhoven, a Holland nurse who has made her way in America, and will deal with the question, "The Opportunities for Foreign Nurses in America."

We hope to see a large number of the nurses from European countries. Miss Turton and Miss Baxter have promised to come, if their engagements permit, from Italy; Dr. Anna Hamilton will surely be there from Bordeaux; the Holland nurses' association will be represented; Sister Agnes Karll will be there from Berlin, unless she is at that time occupying a position in the Ministerium; some of the Danish nurses are coming, and almost all our good old English friends will be there. Moreover, in Paris is an enormous nursing population in the large hospitals, and we are already receiving the kindest assurances of good-will and interest from their representatives. Mme. Gillot. the editor of the *Bulletin;* Mlle. Chaptal, prominent in many kinds of public service, and Mme. Alphen-Salvador, we know will meet us with kindness. Then, too, there are one or two groups of American and English nurses living in Paris.

A BOOK OF NURSING STATISTICS

A BOOK of remarkable value and importance in nursing history and development has lately been written by a member of the Austrian parliament.* The author, a layman, writes from the standpoint of the social reformer. He begins by quoting Dr. E. von Leyden, who has said that "nursing is now generally recognized in its full importance, and, especially in the last few years, it has risen to the position of an indispensable and distinct specialty of medicine." Von Lindheim argues from these words that, with a view to proper care of the sick poor and the good of the community, it becomes the immediate responsibility of the state to secure for this specialty the utmost consideration and to surround it with favorable conditions. He then considers the economic conditions of modern life and deplores the entrance of so many women into business

* Saluti ægrorum: Aufgabe und Bedeutung der Krankenpflege im Modernen Staat. Alfred von Lindheim, Leipsic, 1905.

and shops, where they displace men. He sees in the proper development of nursing an outlet for the activity of a large body of women, and argues that on this ground also it is important that the state shall see that the conditions in nursing work are not dangerous to life or health, and that it should be made worth while for intelligent women to enter into this profession. From the starting-point of these propositions, he has made a statistical study of conditions in Austria and Germany, to establish, if possible, the numbers and comparative sufficiency of nurses in relation to the population and to the number of hospital beds, also the proportion of the latter to the population, and to estimate the safety of nursing as an occupation in comparison with other occupations.

From his investigations he concludes (quite rightly, we think) that nursing is not more dangerous than any other calling *provided* that the nurses are chosen with care, and that proper care and foresight prevail in the conditions of work. His statistics are, however, many of them, eloquent with the absence of proper care and conditions.

There is a vague tradition heard once in a while in America, to the effect that the life of a nurse averages ten years. No one who repeats it knows where it comes from,—it seems to be totally contradicted by our experience of thirty odd years, and it is certainly not true of English nursing. But since making some personal study of conditions I have not a doubt that this gloomy saying originated with good cause in Middle Europe, and von Lindheim's statistics bring much to the support of this conclusion. He says that in Austria and Germany nurses show an average mortality twice as great as that of other women of about the same age. In analyzing his mortality tables, he finds that the highest mortality is among the Catholic Sisters of Mercy. There are certain orders having from seventy to one hundred per cent. of deaths from tuberculosis. Taking all of the Catholic nursing orders in the German-speaking countries, the average mortality from tuberculosis is sixty-three per cent. This mortality is greatest among the young Sisters, and greater in proportion to their youth—that is, a larger proportion of the very young Sisters die, than of the older ones. Besides the mortality, he gives tables of sickness and disability which are astounding. In one year's time, for every one hundred Catholic Sisters, so many days are lost through sickness or complete invalidism as to make 15.28 years lost, with an average of 39.4 days to each illness. Among these illnesses infectious disease showed a place with 28.07 per cent.; stomach diseases, 14.02 per cent.; diseases of lungs and respiratory organs, 38.59 per cent. He gives the morbidity and mortality among Deaconess orders, Red Cross and other secular orders as greatly less than the

Catholic Sisters, but says that as members of these associations are free to leave, it is possible that many return to their homes and are thus lost to these special statistics.

He gives four reasons as accounting for the high morbidity and mortality among the religious orders: 1. Probationers are taken too young, and often in delicate health or with inherited disease. 2. Unhygienic conditions of living. 3. The stooped or cramped attitude which narrows the lungs, and the unhygienic dress. 4. Overwork and exhaustion. He says further these high figures do not stop with the nursing orders, but apply equally to the orders where other pursuits are followed. He concludes, solely on physiological grounds, that probationers should not be admitted to training before twenty-one or twenty-two years at the least, as below this age the direct danger to health proportionately increases.

His census of nurses in institutions in Germany in 1900 is as follows: 24,317 Catholic Sisters; 1,292 Catholic Brothers; 12,438 Deaconesses; 1,731 Protestant Brothers; 1,448 Red Cross nurses; 1,423 other non-religious associations; 40,000 "Wärter" and "Wärterinnen" (attendants, or paid untrained hospital nurses).

He gives many interesting illustrations of the dangers of an overworked and untaught nursing service, among others an epidemic of typhoid fever which occurred in the general hospital at Graz, Austria. Here a single typhoid case was admitted, who was confided to the care of two Sisters. Through lack of knowledge of the details of practical disinfection, they took the disease themselves, and, still through neglect of cleanliness, they infected in turn fifteen other Sisters and one probationer, two attendants, one scrubber, and one store-helper, who in turn infected four of the other patients in the hospital.

He concludes his book with an earnest appeal for careful and thorough-going statistics in all civilized countries, to show the weak points and strengthen the claim which he makes for government supervision of nursing education and conditions.

WORK AND OVERWORK

From what I have seen and heard in Central Europe (to leave out other countries on the Continent), I should not place overwork and exhaustion last in the list of four reasons for an excessive disease and death rate, as von Lindheim does. The overwork required of nurses (not to speak of other classes of working women) is hideous and inhu-

man. While it is not, of course, in itself more cruel than overwork of factory and shop employees, and not to compare with the cruel overwork of children in some good Christian countries, yet it seems more surprising for this reason: wage earners and child slaves work for greedy, unscientific lay employers, of whom it may be said that they know not what they do; but nurses work for physicians,—men of science, and of a science which is based on a knowledge of the human body. The physicians of Germany and Austria are especially famed for their knowledge and their science—as a matter of fact, they teach the whole world medicine—and these learned men are guilty of many sins toward the nurses who work for them, and who are, as I well know, the most faithful, untiring, self-forgetting of women in their devotion to duty.

I have recounted the general system of hospital hours in Austria as found in the General Hospital at Vienna,—twenty-four hours duty every other twenty-four hours, with a broken duty in between. This is the regulation system of Austria, with few exceptions. And I have heard much of the personal experiences of the German nurses in hospitals. In general, the customary hour for rising is five A.M., and the time for going off duty six, eight, or nine P.M. The numerous printed articles and reports show these hours to be usual in the Deaconess institutions, and night duty is often done in this way—no regular set of night nurses, as we have, but the day nurses take turns in dividing the night, one remaining on until one A.M. and another coming on then until the morning. Both continue their work through the whole day before and after without extra time off.

Certain Deaconess institutions then began a system of a regular set of night nurses, and I have read long and most amusingly serious disquisitions by good pastors as to which was the best plan. Personal instances always sound more lifelike, and I shall repeat a little of what different nurses have told me. Sister —— was a pupil ten years ago in the old Charité. (Things are better now in the new Charité.) She rose at five and was on duty every day until nine P.M. Once a week she had a full night duty without any rest before or after, remaining on duty the next day until the regular hour of nine P.M. This was in her *Lehr-zeit* (pupilage), and it was thought that this "hardened" them and weeded out the incompetents. Many of the victims saved themselves by sleeping on duty, but Sister —— was conscientious to her last fibre, and stayed awake, though it almost killed her. They had three months of this.

Sister —— was trained in a Red Cross institution, which placed her in a municipal hospital in a small town. Here also the nurses rose

at five A.M. Every third night each one had a full night duty. However, before going on at night they had a couple of hours off, and the next day they came off duty at six instead of nine P.M.

In this hospital (this was also ten or twelve years ago) the nurses, of whom there were about fifteen, did all, absolutely all, of the housework and ward-cleaning—corridors, floor washing, walls and window washing—in the whole hospital. The only parts of the work of the establishment which were not required of them were the cooking and distribution of food, and the laundry work. I am not sure about the dish-washing.

Sister ——, who was a dear soul, with lots of fun in her, told me about this. She said: "Oh, I worked so gladly there! I was young and strong, I found nothing too hard. I am only sorry that we were taught nothing. We had no instruction at all, because the chief medical director did not wish that we should be taught. He said it was right for us to work. That was enough for us."

"But," I said, "you had a matron in that hospital. Could she not teach you?"

"Oh, no!" (with wide-open eyes) "not without the doctor. He ordered everything, and looked into the bath-tubs and utensils. If they were not clean enough, he made us do them over again. The matron could say nothing."

Other nurses have told me the same thing about the matrons under whom they worked: that they were not allowed to teach or exert their own initiative; everything was under the absolute dictation of the men in authority.

This elimination of the matron (superintendent, as we would call her) struck me in many parts of the continent, even in good little Denmark, but as I studied the question I came to understand it better. It bewildered me at first. The men everywhere were little kings, and ruled their little kingdoms with unlimited despotism. Naturally, they could not endure the thought of a woman being in position to dispute or divide their authority. She must only obey. While this is true of medical chiefs, it is not limited to them, for many hospitals had lay officials who were even worse. For instance, in the city hospitals the nurses were sometimes under the direct disciplining and ordering of some sub-official, who knew nothing of anything, except to be arrogant and peremptory.

The matron and housework questions are also most interestingly set forth in print. A big, three-volume encyclopædia, covering the whole subject of nursing, is to be found in a foreign tongue, but out of

kindness I will not mention the authors' names. What the matron shall be allowed to do is discussed through ten pages with the greatest energy,—almost feverish in its intensity. The queer thing is that the achievements of Miss Nightingale and her wonderful reforms are all quoted and expounded, and due credit given her therefor, and then the conclusions are with many long words arrived at, that it is preferable that the matrons shall *not* teach the nurses even practical work, as it is, on the whole, advisable to leave that all to the medical staff, and that it is advisable *not* to hand over any teaching of ethics to her, as that is preferably to be left to the physician. The housework question is discussed in eight pages, and in a style as ponderous and important as if the discovery of some new disorder was being reported. The gist of it all is that the men did not know how to organize a house-maid service which should be distinct from the nursing service. It bothered them to think of two sets of women under their orders, for how, in fact, was the physician to tell whether he had house-maid or nurse under his eyes? Besides, they would clash over their duties, therefore it was best to have only one set of women, and have them perform all duties. Besides, there were notable authorities (men) who stated that housework was a pleasant change from the monotony of attending the sick. The funny thing about it was that while masculine authorities were all quoted and their opinions compared with most painstaking care, such a thing as going to some nurse and saying: "Now, you are actually doing this,—what is your opinion?" never once entered into the mind of the scientific investigators. My conscience rather pricks me for thus holding up the learned professors to ridicule, for there is no doubt they are the most learned and often the most likable of men, paternal and benevolent in their despotism.

It is only fair to add that these opinions are already becoming antiquated (though they were written not so many years ago), and that in the organization of the magnificent new hospitals now being erected in Germany they are entirely discarded. But they are of historical interest, and their practical results are seen in many countries. One such result is that there is now an actual shortage of matrons who know how to teach, organize, and progress, so that enlightened modern directors who desire to develop the nursing department are embarrassed by this deficiency.

The nursing history of every country in Europe has most conclusively shown that where men wield the sole authority they are only able to bring the work of women up to a certain point of efficiency, and that beyond this point they cannot go, because their influence is repres-

sive, and they cannot attract the best talent by a repressive policy. It was Miss Nightingale's highest achievement to demonstrate this, and to prove that when their legitimate share of authority and responsibility was handed over to women they were able to carry the efficiency of the nursing service steadily forward, and to make it, in fact, capable of indefinite development. In more than one foreign country the most intelligent men now realize that their own egoistic methods have deprived them of the very assistants whose help they are now conscious of needing.

ITEMS

Turkey has good training schools for nurses at Marsovan, Beirut, and the English hospitals in Tiberias and Damascus, with three years courses.

Members of Parliament visited the poorest districts of Ireland last summer, and were deeply impressed with the work of the district nurses in those regions, and the extent of their influence.

Miss Amy Turton has recently spent some time at Bordeaux, studying the methods there, preparatory to undertaking some new work at Rome, where a training-school on modern methods is in project. Miss Turton has promised to send us some details of this new plan.

The National Council of Women of France has demanded that women should be appointed on commissions dealing with the care of dependent classes, and this request has recently had the gratifying result that two women, Mme. Bogelot and Mme. Perouse, have been placed on the Higher Council of the Board for Poor Relief and Hygiene.

In connection with the Eighth International Conference of the Red Cross Society to be held in London in May, 1907, there will be an exposition of appliances and inventions for the relief of the sick and wounded in war. Three prizes will be awarded for the most useful inventions of the kind from the fund of £10,000 given by the Empress Maria Feodorovna for the purpose.

The graduate nurses from Dr. Anna Hamilton's hospital in Bordeaux, which is organized on the English system, with a nurse superintendent and teacher, are leavening the whole mass, like the first Nightingale nurses and those of Bellevue Hospital in its early days, for they are taking positions in other places and other hospitals as head nurses,

superintendents, and organizers. The Tondu school, which is the daughter of that at Bordeaux, has lately graduated ten nurses.

The German Nurses' Association continues to grow, and the number of calls and opportunities crowding upon it for new hospital work almost overwhelms Sister Agnes, who has continually the work of three people heaped upon her. The "Free Sisters," with their educational standards and their self-governing principle, their rejection of all bonds save those imposed by their responsibility to the sick, are on the upward curve of progress, and constitute the coming force in German nursing history.

The English National Council of Nurses has lately held a very interesting exhibition and conference on the care of the consumptive, on mental nursing, and on maternity nursing. The exhibit included everything known to modern science and ingenuity in the most approved care of these three classes of patients, and appropriate lectures were given and discussions held by experts on these lines. Among the exhibits were fifteen articles designed and invented by nurses. The meetings were most successful, interesting, and instructive.

They seem to have had a very bad time at the Nurses' Hostel in London, which is much to be regretted. The difficulties arose over the telephone service and the nurses' calls, for, while all calls and messages were claimed to be given to residents, the hostel did not undertake to carry on the directory business as a regular directory would do. The situation appears to have been aggravated by dictatorial methods on the part of the directors, and the lesson seems to be that only in proper regard for the rights and the personality of all is successful coöperation founded.

The *Assistance publique* is about to build on vacant land near the Saltpêtrière a school for nurses, in which young women of good character and education will be trained on the English plan. The training will last three years. Almost next door to this institution will be built the new hospital of La Pitié, so that the student-nurses will have a field of labor close at hand. Seventy-five probationers will be received each year, and, for the first two years, residence in the school will be required. The experiment is the outcome of visits paid to England by French physicians, who are enthusiastic over the devotion and skill of the British nurses.

None are occupying themselves more definitely with practical educational questions than the Australians. They now have tests to prove

the technical fitness of matrons, and are going seriously into the domestic study problem. Miss Glover says:

The time will come when every hospital kitchen will be put in charge of a sister, just as a ward is now, and no matron will be appointed but those who are certificated housewives, as well as certificated nurses. The domestic probationer will be as important in her way as a nursing "pro," and then hospital management will take its proper position in the education of the nurse. These changes will come gradually, but the young nurse will do well to fill up her time before going into a general hospital by taking up these extra subjects of domestic economy, hygiene, sanitation, and, last but by no means least, dietetics and cookery.

Dr. Alice L. Ernst, who superintends the Mary S. Ackerman Hoyt Hospital at Jhansi, U. P., India, writes:

We have recently broken our record in the number of patients who have come to us for medical help. Fourteen of them were obliged to find accommodation on the verandas of the hospital, as our beds in the wards were not sufficient for the number.

We have engaged a most capable native medical assistant, Miss Catherine James, who occupies furnished quarters in our commodious "Nurses' Home." Her salary is to be three hundred dollars a year, but she is fully worth this, as we have employed her in the past and know that she is to be depended upon. She is such an earnest Christian that she will be active in the spiritual part of our work.

We need her support that she may be our permanent assistant. There surely must be some child of God at home who will assume this salary, that we may secure such an important helper in our medical work?

Probably no article written by a nurse has ever had more widespread interest shown in it, or been more widely translated, than Miss Isla Stewart's paper on the Twentieth Century Matron, which was read a year ago before the Matron's Council. It has been eagerly seized on by progressive nurses in all the countries where the Matron is either non-existent or of limited powers, and has been translated into French, German, Danish, and Dutch. The countries where it has been taken most matter-of-factly are those where matrons have already been developed on the lines she pictured, but it will undoubtedly have an immense influence in assisting the growth of a model leadership in the new nursing schools of conservative countries, where the rightful position and proper authority of the matron have been jealously pruned down almost to nothing.

"If a man does not make new acquaintances as he advances through life, he will soon find himself left alone. A man, sir, should keep his friendship in a constant repair."—*Johnson.*

LETTERS TO THE EDITOR

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[The Editor is not responsible for opinions expressed in this Department.]

A LETTER ON THE STATE REGISTRATION OF NURSES

DEAR EDITOR: As state registration of nurses is slowly but surely making its way through all these United States, I hope it is not too late to say a word in behalf of our sisters who specialize in the care of nervous diseases.

We all know how necessary in difficult cases of hysteria and in all forms of acute nervousness specially trained nurses are, not only to care for the patient, but also to protect the other members of the family from a similar invasion. If typhoid fever requires a trained nurse to care for the patient and prevent the spread of the disease, how much also does the patient require it who suffers from any acute form of nervous disorders.

In cases of typhoid fever the disease develops, as far as the contagion is concerned, much the same, or with little variance. Knowledge of the particular form of germ life which causes the disease makes it possible to give specific treatment; and if the family is cautioned by the physician as to the location of the germs, and is given instructions as to the disinfection and disposal of the excreta, we can imagine that even without the services of a trained nurse the disease need not necessarily be spread, if the family is intelligent and careful. Not so with any acute form of nervousness, which is more contagious, more slow to develop, more varied in form, and more difficult to cure.

Because the cause or germs of nervousness have never been developed in a laboratory or viewed under a microscope, and because they do not often prove fatal, is no ground for argument either against the contagion or the dreadfulness of the condition; for who has been in the presence of a case of acute nervousness for twenty-four hours, and not felt the contagion, and who would not rather have, if the choice were given her, some form of illness that would develop quickly, than years of continued suffering, which is none the less severe because much of it is imagined! As contagious as happiness are the contaminating rays of nervousness, therefore how much more difficult is the problem since we have no tangible cause of infection to deal with.

Statistics tell us all too plainly that nervous breakdowns are becoming more and more frequent, and these afflicted persons need careful and intelligent nursing just as much as the patient suffering with a broken leg or with typhoid fever.

Said Dr. Weir Mitchell, in his lecture to nurses on March 17, 1902: "It is indeed here that we need nurses. The nurse sent out from the large general hospital is next to useless in hysteria and difficult rest cases; we have to complete their training, with great risk to the patient."

Nurses who are not specially trained to care for the nervous are apt to think that one form of treatment is as good as another, if only they can "get on," so to speak, with their patient. Now those who are specially trained recognize other things just as necessary as "getting on" with their patient. How can the nurse with one lecture and no experience be expected to report on a condition the symptoms of which are as many as the sands of the sea, and which are individually so trifling, and collectively of such great importance, or how can this same nurse be expected to discriminate between what is physical and real, and that which is psychical and imaginary?

So much for the necessity of specially trained nurses for the care of the nervous. Now in what are these nurses trained?

They are trained not only to observe the temperature, pulse, and respiration of the patient, together with the other physical functions of the body, but to observe and report intelligently the symptoms which determine nervous or mental diagnosis, for it is often quite impossible for some physicians, if the patient is outside of a hospital, to make any diagnosis from an occasional half-hour's visit.

They are trained to administer many forms of mechanical treatment, such as the giving of hypodermics, infusions, enemata, douches, catheterization, cupping, the making and application of fomentations, poultices, bandages, mechanical feeding, etc.

They are well trained in massage and gymnastics, and must know something of hydrotherapy, electricity, and the application of the same. They are also trained in anatomy, physiology, hygiene, thermometry, materia medica, asepsis, dietetics, and domestic science.

They are lavishly given instruction in the theoretical care of physical diseases and their possible complications, because they do not come in contact with many of them, and it must be remembered that all forms of nervousness, primarily, were but symptoms of some long disordered and neglected physical condition.

Now why is it that a nurse, after graduating from the above studies and receiving a diploma certifying that she is specially competent to care

for this growing malady, as well as having a fair knowledge of general nursing—why is it, I ask, that she is not eligible for state registration? Or, if she chooses to add to her present training six months of special study in obstetrics, she is still not eligible for state registration? Is it because the science of nursing is not broad enough to take in all branches of scientific care of the sick?

Shall the state say to this nurse, "You nurse the lungs, therefore I will recognize you;" and to another, "You nurse the nerves, therefore I recognize you not?" Are they not both of one body? Is one of less consequence than the other? Does not the whole body suffer if any part of it is afflicted? If such be the case, and the state does not wish to recognize all branches of the work, would it not be well to make the distinction between acute and chronic diseases, and then make known to the public that only those who nurse acute or chronic diseases, as the case may be, are to be registered, and the others are not? We would then know where we stand.

Cannot the state trust the nurse as she does the physician? The young physician graduates with only a limited practical knowledge of general diseases, but the state permits him to register at once, and rarely is he fitted to practise in all branches of medical science. Before he is competent to specialize, he gives years of continued study and practical application. Many of the diseases for which he is permitted by the state to prescribe, he has never seen. He has only his theoretical knowledge; and of what use would all his knowledge be if he were ever so skilled and could not call himself "Doctor," or was not recognized by the state? Just so with the nurse.

The nurse who graduates from the above studies has her theoretical knowledge of general practice, and is also specially trained in one or more branches of her work. Is it expected that the nurse specially trained, if she is allowed the privilege of state registration, will rush to those cases for which she is least fitted? Are those nurses who are supposed to be eligible for state registration equally well trained in all branches? Are they fitted for every call? Are they all uniformly competent? If not, the state must trust them not to take cases for which they are not qualified, if qualified nurses can be found.

If state registration for nurses is to protect the public, should not all the public be protected? Why protect the patient suffering with pneumonia from incompetent care, and not protect the patient suffering with neurasthenia?

Let the state protect all classes and shield every individual. Let us at least have no class discrimination. Are we not all fitly joined

together for the one purpose of uplifting or relieving suffering humanity? "There are many gifts, and there are differences of administration, but the same spirit worketh in all."

> "We are not here to play, to dream, to drift.
> We have hard work to do and loads to lift.
> Shun not the struggle; face it. 'Tis God's gift."

M. E. YOUNG,
Graduate of Butler Hospital Training-School for Nurses, Providence, R. I., Class 1900.

DEAR EDITOR: The subject of catheterization of male patients comes up from time to time. I have had a good deal of that sort of thing to do. My preparations are the same as for any catheterization. Before folding the blankets down, I place a sterile towel over the patient, then roll the covering just below the pubis. This can be done without removing the towel. I again prepare my hands, and can easily arrange the towel so that there is no exposure of the patient.

Very truly,
M. L. O.

DEAR EDITOR: Your editorial on catheterization of male patients, in the November JOURNAL, has aroused within me a spirit which, like that oft-quoted ghost, "will not down," and I am moved to add my testimony in this grave matter.

To the nurse trained in the modern general hospital, in any of our large cities, where there is a staff of male nurses or well-trained orderlies, it is almost beyond belief that there are hospitals in existence where the catheterization, bladder irrigation, etc., of male patients, by the pupil nurses is routine practice, and yet such is the case. There are many hospitals in the land in which young women are compelled to perform these offices for patients who are not only not unconscious, but often not seriously ill, and in spite of all that has been said about "the professional attitude," "the elimination of the personal equation," "the purity of all things to the pure," etc., I firmly believe that no young woman (and it is a deplorable fact that in the schools where such practice is countenanced the age limit is always low) can do these things without tarnishing her womanly purity. The bloom is rubbed from her innocence, and no compensating strength given, as is the case when a nurse faces a crisis and sacrifices personal feeling in the interest of her patient—and when this

crisis comes no true woman will be deterred by false modesty from doing everything in her power to aid in relieving suffering.

The responsibility for this state of things rests largely with the superintendent of the training-school. She it is who must educate her medical staff and board of directors to the point of seeing that what is bad for the morals of the nurse is equally bad for the patient, and not conducive to the best good of the institution.

True, she may not be able to control conditions, but she can create a sentiment and start some thinking in the right direction, which is something gained. To fully correct any such abuse, she must have the support of all the representative nurses in her community. There is at least one case on record where the superintendent, on protesting against an objectionable order, received this reply: "Very well, if your nurses cannot do all I require for my patients, I will take them to ——— Hospital. The nurses there are not so squeamish." In this case there were house doctors and male nurses in the hospital. In the institution where the welfare of the nurses received the proper consideration, the doctor who made such demands would be allowed, even requested, to take his patients elsewhere, but, unfortunately, such a happy state of things is not universal. The superintendent who has the stamina to stand against such abuses is worthy of our highest honor, and we should feel it a privilege to be able to help her in waging the good fight. May she win with colors flying! HELEN W. KELLY.

[When we read Dr. Muren's paper, showing the great proportion of men of all classes, high and low alike, who are suffering from venereal diseases, can there be any question of the impropriety of requiring pupils in training to use the catheter upon male patients in our public hospitals?—ED.]

WHY do so few children between the ages of two and ten like vegetables? E. G.

IF a doctor is dismissed from a case, is the nurse on duty at liberty to leave also, if she were brought to the case by the doctor? E. H.

"HUMAN life is made up of two elements, power and form, and the proportion must be invariably kept if we would have it sweet and sound. Each of these elements in excess makes a mischief as hurtful as its defects."—*Emerson.*

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

ANNOUNCEMENTS

Miss Nellie M. Casey, Secretary of the Nurses' Associated Alumnæ of the United States, has been obliged to again change her address, which is now 2103 Chestnut Street, Philadelphia, Pennsylvania.

SPANISH-AMERICAN WAR NURSES

Captain James S. Parker, Quartermaster, U. S. Army, on duty in the War Department and in charge of Arlington, has issued the following statement in response to many inquiries regarding the burial of Spanish-American War Nurses in the National Cemetery at Arlington.

"I am directed by the Quartermaster General to inform you that in the event of the death of an Army Nurse whose remains it is desired to have interred in the Arlington National Cemetery, the remains, properly prepared for burial, should be consigned to the Superintendent of the Arlington National Cemetery, Fort Myer, Virginia, and the officer in charge of Quartermaster's Depot, 17th and F Streets, this city, who has immediate care of the cemetery, advised, at least twenty-four hours in advance, of the date and train upon which the remains are shipped, in order that a grave may be prepared.

"There is no government appropriation from which the expense of shipment of the remains to the cemetery could be paid. However, arrangements will be made to have the Department hearse meet the remains at the railroad station in this city and convey them to the cemetery free of charge, if so desired, in which event application therefor should be made to the above-named officer.

"In case military honors and the reading of services at the grave by an army chaplain are desired, separate request therefor in each case should be made of The Military Secretary of the Army."

Laura A. C. Hughes, M.D.,
President Spanish-American War Nurses.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

The members of the Society are reminded that in accordance with Article III of the by-laws, adopted at the last annual meeting, dues are payable on January 1st to the treasurer, Miss Anna L. Alline, 132 Lancaster Street, Albany, New York. Please note change of address.

Georgia M. Nevins, Secretary.

THE NEW YORK EXAMINATION

THE New York State Examinations begin January 29th, and last four days. Candidates should send at once for the necessary papers to the Examinations Division, Education Department, Albany, New York.

JANE ELIZABETH HITCHCOCK,
Secretary Board of Nurse Examiners.

STATE MEETINGS

MASSACHUSETTS.—The Massachusetts State Nurses' Association held a meeting in Salem on November 21. A goodly number of nurses were present, in spite of the stormy weather. The chief object of the meeting was to bring the nurses in closer touch and sympathy with the work of the Red Cross Society, though state registration was not lost sight of.

After prayer by the Rev. Mr. Henry Bedinger, and a hearty welcome from Mr. T. G. Pinnock, Mayor of Salem, Miss Loring, secretary of the Massachusetts Branch of the National Red Cross Society, gave a brief history of that organization and of some of the work accomplished. She said that after twenty-five years of service it was found that the organization was not strong enough, so it was reorganized, and is now under strict national supervision. The need of nurses for the Red Cross work was pointed out, and rules for enrolment given. A motion by Dr. Hughes, that a committee of five, of which Miss Riddle was to be chairman, be appointed to confer with the Massachusetts Branch of the Red Cross Society, was seconded by Miss Drown and carried unanimously. Dr. Hughes spoke of the work of the Boston Society of Red Cross Nurses, which was organized in 1889.

Mr. G. H. Jackson, a member of the legislature, spoke on state registration. He said the public think we are trying to form a labor organization, and make it impossible for any one but a registered nurse to do nursing, and urged us to disabuse them of this idea. He also urged us to be cheerful and courageous and to struggle on, for he was sure success awaited us.

The Rev. Mr. Henry Bedinger said his advice to us was, "Keep at it," and cited the case of the poor widow and the unjust judge. He said that with a *just* legislature we would be successful if we were persistent. Mr. Bedinger also gave a very interesting account of the work done in St. Luke's Hospital, Tokio, Japan. This is one of the best equipped hospitals in the orient. He urged nurses to lead consecrated lives; spoke of the Guild of St. Barnabas; and said all work was noble if done in the right spirit.

At the close of the meeting refreshments were served and a social hour enjoyed by all.

Miss Julia Leach, superintendent of the Salem Hospital, was chairman of the committee on arrangements.

ESTHER DART, Secretary.

NEW JERSEY.—The New Jersey State Nurses' Association held its fifth annual meeting in the lecture hall of the Central Baptist Church, Elizabeth, N. J., on Tuesday, December 4, 1906. An address of welcome was given by the pastor of the church, Rev. H. Tomlinson, and responded to by the president, Mrs. d'Arcy

Stephen. The chief speaker was Dr. Norton L. Wilson, who was scheduled to speak on "Legislation for Nurses from a Medical Standpoint," but called his subject a "plain, practical talk to nurses," and kept to those lines. Ex-Governor Foster M. Voorhees had expected to speak on "Legislation for Nurses from a Legal Point of View," but was unfortunately prevented by his own legal business from being present. After the usual business of minutes and reports had been heard, Miss Irene Fallon, chairman of Ways and Means, gave extracts from the bill which is under consideration, to be presented at the next session. It being still incomplete, it was not given as a whole, but enough to show the points which had been reconsidered since the last special meeting in June. She was asked to retain the chairmanship for the ensuing year, and was also asked to head committees on revision of by-laws, and the organization of district nurses in towns not yet covered. A committee was also formed for the purpose of considering a state pension fund for nurses, when disabled by age or infirmity or such causes as prevent any further active service. The various laws pertaining to each state make a national pension fund somewhat dubious, but it is thought that each state, through its association, might undertake such a fund. The election of officers was as follows: Mrs. d'Arcy Stephen (re-elected), president; Miss Ellen Connington, Elizabeth General Hospital, first vice-president; Miss Charlotte Evans, Camden, second vice-president; Miss Emma Young (re-elected), Newark, secretary; Miss Margaret Squire, Orange, treasurer; Ways and Means Committee, Miss Irene Fallon, Mt. Holly; Membership Committee, Miss Olive Z. DeLany, Plainfield; Printing Committee, Miss Sarah Coomber, Orange; Nominating Committee, Miss Bertha Gardner, Newark.

A social hour was much enjoyed at the close of the meeting, as the association were the guests of the graduates of the Elizabeth General Hospital. The meeting next year will be held in Orange.

EMMA YOUNG, Secretary.

NEW HAMPSHIRE.—The regular quarterly meeting of the Graduate Nurses' Association of New Hampshire was held December 10, 1906, at the City Hall, Manchester.

It was voted to bring the registration bill for nurses before the legislature of 1907.

B. M. TRUESDELL, Corresponding Secretary.

MICHIGAN.—The meeting of the executive board of the State Association was held at the U. B. A. Hospital, Grand Rapids, December 12, the entire board being present. The most important feature of the meeting was the summing up of the work of the local legislative committees which were appointed for the purpose of securing the coöperation of the legislators and the public generally in the interests of state registration. The entire state has been thoroughly canvassed, and the enthusiastic reports were very gratifying.

Mr. George E. Luther and Mr. C. F. Schneider, of Grand Rapids, who are acting as advisory committee in the legislative work, addressed the meeting, and are to confer with the Legislators at Lansing in the future interests of the bill.

Miss Agnes G. Deans, of Detroit, was appointed delegate to the Nurses' Associated Alumnæ, to be held in Richmond. Miss Mary C. Haarer, of Ann Arbor, was appointed as alternate. The local legislative committee, of which Mrs. Kate Macdonald is chairman, gave a dinner Tuesday evening at the Hotel Pautlind, in honor of the president, Miss Sly.

Miss Barrett, superintendent of U. B. A. Hospital, gave an elaborate luncheon in honor of the members of the board.

The annual meeting will be held in Battle Creek, June 4th, 5th, and 6th, 1907.

Illinois.—At the annual meeting of the Illinois State Association of Graduate Nurses, held November 14, 1906, in Masonic Temple, Chicago, the following officers were elected: President, M. Helena McMillan; first vice-president, Mary Forbes; second vice-president, Katherine Bowlin; secretary, Bena M. Henderson; treasurer, Jessie P. Scott.

The monthly meeting of the Illinois State Association of Graduate Nurses was held December 12, 1906, in the Masonic Temple, Chicago.

Twenty-five applicants, indorsed by the credential committee, were elected to membership.

Dr. V. H. Podstata, superintendent of the Illinois Northern Hospital for the Insane, at Elgin, addressed the nurses on training in mental diseases. He outlined his plan for the establishment of training-schools in hospitals for the insane, and hoped for coöperation and assistance from general training-schools.

Miss Caroline Seidensticker, chairman of the legislative committee, read the bill for state registration for nurses, as prepared by the committee. It was endorsed by the association, and will be presented at the next meeting of the State Legislature.

Throughout the winter months the association will hold monthly meetings.

Bena M. Henderson, Secretary.

Kentucky.—The Kentucky State Association of Graduate Nurses was organized and held its first annual meeting November 27th and 28th, at the John N. Norton Memorial Infirmary, Louisville, Kentucky. The association was addressed by the following: Invocation and address, Bishop Woodcock; address of welcome, the Mayor; address, Mrs. Charles Bonnycastle Robinson (president of Woman's Club); address, Dr. J. M. Mathews, president of the Kentucky State Board of Health.

The members were most fortunate in having present Miss Sarah E. Sly, president of the Michigan State Association, and interstate secretary.

The following officers were elected: President, Miss Nellie Gillette, Louisville; first vice-president, Miss Mary R. Shaver, Lexington; second vice-president, Mrs. Ella Green Davis, Owensboro; recording secretary, Miss Susan Belle Porter, Louisville; corresponding secretary, Miss Annie E. Rice, Louisville; treasurer, Mrs. Henry E. Tuley, Louisville; chairman standing committees,—Ways and Means, Miss Katherine Dear, Louisville; Credentials, Miss Ida Beckman, Louisville; Nominating, Miss McCann, Lexington; Arrangements, Miss Amelia Milward, Lexington; Publication and Press, Miss Clara Leon, Louisville.

Over sixty-five members were enrolled the first day. The convention adjourned, to meet in Lexington in 1907. A skating party was given the visiting nurses, followed by a reception at the Nurses' Home.

SUSAN BELLE PORTER, Recording Secretary.

DENVER.—The Tenth Colorado State Conference of Charities and Corrections met in the Woman's Club Building on December 9th, 10th, and 11th, 1906. Among the papers and discussions were: "The Bearing of Medical Prophylaxis upon Charities and Correction," by Dr. R. W. Corwin, president of the Conference; "The Need of a State Conference of Charities and Correction," by Dr. W. S. Friedman, president State Board of Charities and Correction; "The Function of the Professional Psychologist in the Organization of Work for the Discovery and Treatment of Mentally Retarded Children," by Dr. Leightner Witmer, of University of Pennsylvania; "The Protection of Children," by Dr. Eleanor Lawney; "The Necessity of a School for Feeble-Minded Youth," by Mr. W. K. Argo, superintendent School for Deaf and Blind, Colorado Springs; "The Relation of the Church to Social Questions"—Symposium: Rev. Dr. B. B. Tyler, The Unemployed; Rev. Dr. Geo. B. Vosburgh, Capital; Rev. Fr. Wm. O'Ryan, Labor; Mr. E. L. Scholtz, "Paying the Bills of Charity;" "The Rights of Children;" Mr. E. K. Whitehead, secretary Colorado Humane Society, "The Prevention of Delinquency;" Judge B. B. Lindsey, "The Paroled Child." One evening was given up to the subject of state and municipal control of tuberculosis. Dr. Henry Sewall spoke upon the subject, "What Can the City Do to Prevent the Spread of Tuberculosis?" Dr. A. S. Taussig: "What Can the Medical Profession Do to Prevent the Spread of Tuberculosis?" and Dr. William Beggs: "What Can the Patient Do to Prevent the Spread of Tuberculosis?" The discussion was opened by Mrs. Seraphine Pisko, secretary of the Conference, and continued by Miss Florence Smithwich, superintendent of the visiting nurses of Denver.

HOSPITAL ECONOMICS COURSE

A VERY keen appreciation of Miss Alline's unfailing and unselfish interest in the Hospital Economics Course, of which she has been lecturer in charge for some seven years, makes us report her resignation with much regret.

The selection of a woman whose professional experience has been supplemented by these years in one of our universities for a position of such far-reaching possibilities as that of State Inspector of Training-Schools we cannot fail to recognize as eminently fitting.

We rejoice in the appointment, however, not only as evidence of the value the state places upon our more advanced course, but because it has placed in this position a woman of such integrity and such devotion to her profession.

Miss Alline's association with the class was of such an intimate nature, and to the chairman her assistance was so invaluable, that her absence cannot fail to be deeply felt; but she has so carefully arranged the work for the remainder of the year that the students now taking the course will not suffer any actual loss.

Miss Anna Hedges, who is completing her second year, has kindly consented

to assist in the general supervision, and Dean Russell has made it possible to carry on certain other courses very satisfactorily.

I would beg to call attention to our need for donations to defray the current expenses of the work. In the report in the November issue, Miss Alline (this report was prepared by Miss Alline and only endorsed by the chairman) calls attention to the fact that such sums as have been received were for the endowment fund, and that our fund for the current expenses is therefore unusually low.

ANNIE W. GOODRICH, Chairman.

REGULAR MEETINGS

PHILADELPHIA.—On Saturday, November 17, a meeting of the Alumnæ Association of the training-school for nurses of the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases was held at the Nurses' Home. A large number of the members were present, it being the annual election of officers. The room in which the meeting was held and the adjoining reception-room, in which refreshments were served towards the close of the programme, were both beautifully decorated with flowers and potted plants.

At three P.M. the president, Mrs. H. P. Boyer (an honorary member), called the meeting to order. The secretary then read the minutes of the last meeting, and called the roll.

The committees reported as follows:

Eligibility.—Miss S. M. Murray, chairman, proposed five new names for membership, all of whom were accepted by unanimous vote.

Visiting.—No report.

Nominating.—Miss B. E. Lockwood, chairman, reported that she had been appointed by the president as successor to Miss Roberts, resigned. This committee had prepared the ballots and had sent one to each member prior to the meeting for the annual election.

Auditing.—Miss Blanche E. Lockwood had examined the treasurer's account, and had found it to be as stated.

Other reports received were from Mrs. Gallagher, treasurer, and Miss Marie T. Lockwood, the delegate to the ninth annual meeting of the Associated Alumnæ at Detroit. Miss Sara M. Murray reported from meetings of state association.

The secretary read a letter from Mr. Charles Sinkler, in which he proffered his assistance to the association at any time it might be required. Mrs. Boyer announced that Mr. Pearson had been secured to give lessons in parliamentary law twice monthly, the first lesson to be given for the association at the Nurses' Home Saturday, December 1.

Dr. S. Weir Mitchell then gave a pleasing and instructive address. After its close the business of the meeting was resumed. Misses Rose W. Scott and Emily S. Wilson were appointed tellers by the chair. The votes of the members were counted, and the result of the election was as follows: President, Miss Sara M. Murray; vice-president, Miss Margaret Wilson; second vice-president, Miss Rose W. Scott; secretary, Miss Marie T. Lockwood; treasurer, Miss L. M. Garrison; directors, Mrs. Agnes Johnson, Miss Blanche E. Lockwood, Miss Anna Adams Taylor, and Miss Eleanor B. Gillespie.

Miss Scott moved that the secretary send a record of these meetings to THE AMERICAN JOURNAL OF NURSING for publication, which motion was carried. A motion that the president be empowered to appoint a treasurer in case the newly elected officer was unable to accept the office was also carried.

A bountiful luncheon of chicken salad, olives, bread and butter, ice cream, and cake, was served before the adjournment of the meeting.

BALTIMORE.—The last regular meeting for 1906 of the University of Maryland Nurses' Alumnæ was held in the University Hospital, Monday, December 3, at four P.M. The attendance was unusually large, the annual meeting always being regarded as the most important as well as most interesting of the year. Reports for the year were submitted. Twelve new members (class 1906) had been admitted, making the membership one hundred and twelve.

The following officers were elected to serve during 1907: President, Miss M. E. Rolph; first vice-president, Miss V. C. Weitzel; second vice-president, Miss N. H. Ferrell; secretary, Miss E. S. F. Featherstone; treasurer, Mrs. Nathan Winslow; members, Misses M. E. Bradbury and Frances Roby.

After adjournment, through the courtesy of Miss Flanagan, superintendent of University Hospital, refreshments were served, and a social half-hour enjoyed.

NEWARK, N. J.—The regular meeting of the Newark City Hospital Alumnæ Association was held at the Nurses' Club, 295 High Street, November 27, at three P.M. There was a large attendance.

The president, Miss Emily Jones, opened the meeting. The business of the association was quickly attended to, as every one was anxious to take part in the birthday tea which followed, it being the twelfth anniversary of the association.

The guests were received by Miss Dexter, who is chairman of the social committee, assisted by Miss O'Hara, Miss Bell, and Miss Zimmerman. Mrs. Hough, of New York, dispensed tea, while Miss Jones had charge of the chocolate pot.

The table was most attractive, with green shaded candles and American Beauty roses, the chosen floral emblem of the school. During the afternoon and evening the house was filled with callers.

The new Nurses' Club promises to be a great success. As it is the only one of its kind in the city exclusively for graduates of the school, it should be well patronized.

The next regular meeting of the association will be held in February.

NEW YORK.—The regular monthly meeting of the Association of Graduate Nurses of Manhattan and the Bronx was held on December 10, at the Women's Municipal League, 19 East Twenty-sixth Street. A fair number of the members were present.

Miss Alice P. Lyon, a graduate of the Brooklyn Homœopathic Hospital, and a Spanish-American War nurse, was elected to membership. Miss Marie Denahy has entered the Army Nurse Corps, and is now on duty in the General Hospital, Presidio of San Francisco.

A new membership committee was appointed, consisting of Mrs. M. T. Brockway, Miss L. Nicolai, and Mrs. Wilkinson.

The article in the by-laws on membership was amended, whereby a nurse applying for membership, if she has received her certificate of registration and is otherwise eligible, may be admitted to membership at the first regular meeting after her application has been favorably passed upon by the membership committee.

A motion was put and carried that Miss Anna L. Alline, of the Hospital Economics course at Teachers' College, be sent a note of congratulation on her appointment to the position of Inspector of Schools for Nurses.

The report of the delegates to the meeting of the New York State Nurses' Association was read. Dr. Prince A. Morrow sent a notice of the meeting of the American Society of Sanitary and Moral Prophylaxis, to be held December 13, and invited any nurses interested in such work to be present. The subject for discussion: "Public School Instruction in the Physiology and Hygiene of Sex."

The meeting then adjourned to the tea room, in the same building, where afternoon tea was served.

The next meeting will be held at 19 East Twenty-sixth Street on Monday, January 14, at four P.M. Nurses who are graduates of out-of-town schools are invited to attend.

CHICAGO.—At the November meeting of the Passavant Alumnæ Association, Chicago, the following officers were elected: President, B. D. Hamilton; vice-president, Wilhelmina Retkie; secretary, Caroline Dentzer; treasurer, Anna Person.

In the evening Miss Eldridge gave a very interesting address on the subject of state registration.

QUEENS AND NASSAU.—The annual meeting of the Association of Queens and Nassau Counties, New York, was held at the Jamaica Hospital, Jamaica, Long Island, early in November. The following officers were elected for the ensuing year: Mrs. Eldora E. Ward, president; Miss Mabel Johnson, secretary; Miss Caroline B. Scott, treasurer.

RICHMOND, VA.—The graduates of the Richmond Memorial Hospital have organized an alumnæ association, with Miss Mattie Ballon, president; Miss Mary Linty, vice-president; Miss Augusta Meyer, secretary; Miss Mary Balmer, treasurer. Only registered nurses are considered for membership.

INDIANAPOLIS, IND.—The annual meeting of the Nurses' Alumnæ Association of the Indianapolis City Hospital Training-School for Nurses was held in the Y. W. C. A. parlors Tuesday, November 6, at 2.30 P.M. The following officers were elected for the ensuing year: President, Miss M. D. Currie; first vice-president, Miss Cora McLane; second vice-president, Miss Sara Cook; secretary-treasurer, Mrs. Anna R. D. Hazelrigg.

After a short business programme, a general discussion ensued. The next meeting will be in January.

ROCHESTER, N. Y.—At the last meeting held by the R. C. H. A. A. in October, the following officers were elected for the ensuing year: President, Miss Knowles; first vice-president, Miss Theilan; second vice-president, Miss Fisher; recording secretary, Miss Cathro; corresponding secretary, Miss Parnell; treasurer, Miss Kennedy; advisory member, Miss Hollister.

PHILADELPHIA, PA.—The Alumnæ Association of the University of Pennsylvania held its regular monthly meeting December 3, 1906, at three o'clock, in the Nurses' Home. Routine business was transacted, after which the Alumnæ entertained the graduating class of nurses of 1906 at an informal "tea." Coffee, sandwiches, ices, and cakes were served, and all present said they had spent a pleasant afternoon.

Besides the class, we were glad to have with us Miss Smith, superintendent of the hospital; Miss Whiton, superintendent of nurses; Miss Rindlaub and Miss Hayes.

By a vote of the Alumnæ, at a previous meeting, the annual dues have been increased to five dollars ($5.00), thus insuring to every member THE AMERICAN JOURNAL OF NURSING for the year. This will go into effect next June, and will begin with the October, 1907, issue of the JOURNAL.

GRAND RAPIDS, MICH.—The graduates of Butterworth Hospital, Grand Rapids, organized an alumnæ association November 12, with a large number of charter members. Officers elected: President, Miss Mabel Morhous; secretary, Miss Jennette Boer; treasurer, Miss Bertha Stauffer.

NEW YORK.—The German Hospital Alumnæ Association held their monthly meeting on December 4th, in the lecture hall of the institution. The following officers were elected for the next two years: President, Bianka Fritsch, 508 East 79th Street; vice-presidents, Miss Bertha Rahm, Miss El. Lindheimer; secretary, Mrs. Anna Ellbrecht-Russ, 532 East 86th Street; treasurer, Miss Gustava Sillcox, German Hospital, East 77th Street; Executive Committee: Miss E. Duensing, Miss A. Bredelwort, Miss T. Koernische, Miss A. Brookmann, Miss E. Mirsalis, Miss B. Rahm.

YONKERS, N. Y.—A quarterly meeting of the Graduate Registered Nurses' Association, of Westchester County, was held at "The Lodge," St. John's Riverside Hospital, Yonkers, on Tuesday afternoon, December 11th. The meeting was fairly well attended, there being some nurses from towns outside of Yonkers, but not as many as might be expected to attend a meeting of this kind. There was considerable routine work, regarding constitution, by-laws, etc., to be settled up at this meeting, but later the committee expect to have some interesting papers contributed by the members. One new member was admitted: Miss Annie Moore, superintendent of the hospital.

After the meeting the nurses enjoyed hearing several Christmas songs by the wonderful boy soprano, Master George Craven. Refreshments were then served by the social committee. It is to be hoped that a greater number of out-of-town nurses will attend the next meeting.

MINNEAPOLIS.—The Alumnæ Association of St. Barnabas Hospital, Minneapolis, Minnesota, held its monthly meeting on December 4th, in the assembly room of the training-school, Mrs. Roberts in the chair. A large number attended, and much interest was shown in work accomplished and in the various propositions for the future. At the close of the meeting, Miss Hartry, superintendent of nurses at St. Barnabas Hospital, served tea, being assisted by several "pledglings." Members of the training-school provided music.

WASHINGTON, D. C.—The fair held by the Graduate Nurses' Association of the District of Columbia, the afternoon and evening of Tuesday, December 11th, at the Victoria, was well attended and proved most successful. The chief object in holding the fair was to raise fifty dollars, to add to fifty dollars already in hand, to give to the National Associated Alumnæ for the purchase of a share of stock in THE AMERICAN JOURNAL OF NURSING. Two hundred and fifteen dollars were realized in all, and the remaining sum was given to the Central Registry, established December 1 by the Graduate Nurses' Association of the District of Columbia at the Vivans, 1723 G Street, N. W.

PERSONALS

MISS LOTTIE LAWSON, class of 1906, Toronto General, has been appointed head nurse, Free Sanitarium for Consumptives, Gravenhurst, Ontario.

MISS LUCY HURLBURT, class of 1905, Toronto General, has been appointed lady superintendent of the Freemason's Hospital, Morden, Manitoba.

MISS BELLA J. FRASER, of Albany, has been appointed a member of the Nurse Board of Examiners, to fill the vacancy caused by the resignation of Miss Alline.

MISS CARRIE BOWMAN, Toronto General, late lady superintendent of the City Hospital, Hamilton, has been appointed lady superintendent of the Portage La Prairie Hospital.

MISS SNIVELY, superintendent of the Toronto General Hospital Training-School, will be at home to her graduates on the first Tuesday evening in each month, during the winter.

MISS M. WINIFRED AHN, of the Boston City Hospital (class of '04), has been appointed superintendent of the training-school at the Bridgeport General Hospital, Bridgeport, Connecticut.

MISS MARY HYDE, lady superintendent of the Dauphin Hospital, Manitoba, Toronto General, was married in August last at her home in Ireland, to Mr. John McCollum, of Dauphin, Manitoba.

AT the annual meeting of the Toronto General Hospital Alumnæ Association, Miss Lucy Bowerman was elected president; Miss Alice E. Stewart, secretary; and Miss Mareb Allen, treasurer, for the year.

Miss Louise Brent, superintendent of the Hospital for Sick Children, Toronto, left for California on Tuesday evening last. Miss Brent will take a prolonged holiday. She is not expected to return until after the New Year.

Upon the occasion of Miss Anna L. Alline's resignation from her position as instructor in Hospital Economics at Teachers' College, the members of the class, with some of the graduates of past years, presented her with a handsome desk set.

The graduate nurses of Toronto, *i.e.*, all nurses resident in Toronto, have formed a Social Club. The first meeting was held in the Temple Building on November 22d. Recitations were given and refreshments served. About seventy nurses were present.

Miss Mary McIsaacs, Toronto General, has been appointed lady superintendent of the General Hospital, Edmonton, Alberta. She will enter upon her duties December 16th. Miss Lillian Sargent, Toronto General, has been appointed assistant in this hospital.

Miss Sarah L. Earhart, superintendent of the Home and Retreat, Lynchburg, Virginia, will return to her duties January 1, 1907, after an absence of seven months, which time has been divided between her home in Roanoke and an extended northern trip.

Miss Agnes Baldwin, Toronto General, has resigned her position as lady superintendent of the Polytechnic Hospital, New Orleans. Miss Mary McGibbon, Toronto General, formerly assistant in the same hospital, has been appointed to the position vacated by Miss Baldwin.

Miss Helen Melleville, missionary nurse in West Central Africa, Toronto General, is at present doing a great work in this field. She is not only engaged in teaching, but for the last three years has had entire charge of the medical work in that district as well, no doctor having been at work in this state for that length of time.

Miss Margaret Ryan, St. Joseph Hospital, Chicago, has taken the position of superintendent Hotel Dieu Hospital, Englewood, Chicago, Illinois, and Mrs. Wright, after finishing the Hospital Economics Course at Columbia University, New York, has accepted the position of superintendent of Berkley Hospital, Oakland, California.

BIRTHS

On November 1st at Toronto, Ontario, a son to Mrs. W. Frank Pluves. Mrs. Pluves was Miss Ethel Burns, class 1903, S. R. Smith Infirmary.

On September 26th, at Elizabeth, New Jersey, a daughter to Mrs. J. Howland Bigley. Mrs. Bigley was Miss Alice King Suydam, class 1903, Johns Hopkins Hospital, Baltimore, Maryland.

MARRIAGES

Miss Helen Shoemaker (class 1905, Passavant Hospital, Chicago) to Mr. Morgan Cressman, November 7, 1906.

In Brooklyn, October 8th, Miss Janet Irving, class 1906, S. R. Smith Infirmary, Staten Island, to Mr. Robert Bonn, of Brooklyn.

In Toronto, Ontario, December 12th, Miss Margaret Gordon, class 1901, S. R. Smith Infirmary, S. I., to Mr. Robert Boyle, of Thessalon, Ontario.

On November 28, 1906, Miss Nellie H. Hilliard, class 1905, University of Maryland, and Dr. L. C. Covington, of Rocky Mt., North Carolina.

In New York City, December 5th, Miss Sarah A. Shufeldt, class 1905, S. R. Smith Infirmary, to Mr. Fletcher Decker, of Princess Bay, Staten Island.

In Franklin, Indiana, Miss Florence De Pue to Mr. Griffith. Miss De Pue was graduated from the Indianapolis City Hospital Training-School for Nurses in the class of 1901.

At North Yakima, November 8, Miss Grace Duncan (class 1905, Passavant Hospital, Chicago) to Dr. Albert Lessing. Dr. and Mrs. Lessing will make their home in Seattle, Washington.

In Indianapolis, July 3, 1906, Miss Mary H. Paris to Mr. Charles E. Lewis. Miss Paris was graduated from the Indianapolis Flower Mission Training-School for Nurses, in the class of 1887.

Early in July, Mattie Petitte Thomas (class 1904, Passavant Hospital, Chicago) to Mr. J. C. Jones. Mr. and Mrs. Jones will make their home in Greensboro, North Carolina.

At Staten Island, New York, October 10th, Alice Augustus Massa to Mr. Richard E. Whitney. Miss Massa was graduated from the S. R. Smith Infirmary Training-School, class 1904.

On November 21st, at Halifax, Nova Scotia, by the Rev. Thomas Fowler, Etta Bruce Bryans, Toronto General, to Dr. William Honeywell, of Hunter River, Prince Edward Island. Dr. and Mrs. Honeywell will reside in Cuba.

On November 29th, at Topeka, Kansas, Miss Idora Rose, late superintendent of the Illinois Training-School, Chicago, to Mr. Joseph Whitefield Scroggs. Mr. and Mrs. Scroggs will make their home at Kingfisher, Oklahoma.

In Richmond, Virginia, November 21, Miss Mattie Ballon to Honorable David Bell, of Enfield, North Carolina. Miss Ballon was one of the first class to graduate from the Richmond Memorial Hospital, and has held position of head nurse in that institution.

At New Orleans, Louisiana, December 1st, Miss Stella E. Farish to Mr. Emory Price. Miss Farish was graduated from the New Orleans Sanitarium Training-School, class 1906. Mr. and Mrs. Price will make their home near Lake Charles, Louisiana.

THE St. Joseph Hospital Alumnæ announce the following marriages: Miss Frances Pond, '01, to Mr. Charles Lytle, at Howe Logan, Ohio; Miss Ellen Murphy to Mr. John Quinlan; Miss M. McDonald to Dr. Sullivan. Dr. and Mrs. Sullivan left for Europe, where the doctor expects to spend a year in study.

THE marriage of Dr. Charles G. Andrews, resident physician of Pedro Miguel, Canal Zone, Panama, and Miss Mary F. Cook, of Anconita, Canal Zone, was celebrated Thursday, November 1, 1906, at the residence of Mr. and Mrs. Mason E. Mitchel. The marriage ceremony of the Episcopal Church was beautifully read by the Rev. Brittian King. Miss Cook was attended by Misses Hibbard, King, Lyons, and Mackereth, of Anconita. Dr. Andrews was attended by Hon. Arnold Shanklin and Mr. Mason E. Mitchel. The bride was given away by Colonel W. C. Gorgas. After the ceremony Dr. and Mrs. Andrews departed for their future home at Pedro Miguel. The bride was a graduate of the M. E. Hospital Training-School for Nurses, Philadelphia, Pa., and belonged to the class of '95.

OBITUARY

DIED in Philadelphia, November 11, 1906, Miss Helena Craddock Smith, a member of the Woman's Hospital Alumnæ Association.

IN Indianapolis, August, 1906, Miss Frances Lee, a graduate from the Indianapolis City Hospital Training-School for Nurses in the class of 1896.

IN Kansas City, Missouri, May, 1906, Mrs. Mary Gable Roberts, wife of Dr. R. A. Roberts. Mrs. Roberts was a graduate of the Indianapolis Flower Mission Training-School for Nurses, in the class of 1887.

AFTER a severe attack of typhoid fever, Miss Mary Foster, a graduate of the Salem Hospital Training-School, died at the Salem Hospital, September 14, 1906. As a private nurse she had won the respect of all with whom she was associated.

DIED, on November 28, 1906, Clara M. Shaw, graduate of the Orange Training-School for Nurses, of the class of 1906, of typhoid fever, contracted as a result of a very arduous case she had undertaken alone. She had already won the gold cross, the highest distinction conferred by the school for conspicuous service, last spring. She has left behind her a record of loving devotion to her patients that will not soon be forgotten. A service held in loving memory by her classmates and friends was held on Sunday, December 2, at the Visiting Nurses' Settlement, of which she had been a resident, and being a member of the Guild of St. Barnabas, the chaplain, the Rev. Edwin A. White, took part in the service, with her pastor, Rev. Dr. Baldwin, of Calvary Methodist Church, Orange, New Jersey.

HOSPITAL AND TRAINING-SCHOOL ITEMS

QUESTIONS USED BY THE COLORADO NURSE BOARD OF EXAMINERS AT THE FIRST FULL EXAMINATION, JULY 18, 1906

ANATOMY AND PHYSIOLOGY

1. Name and locate the largest bone in the body.
2. Name the organs of the thoracic cavity, and give the function of each.
3. What are the three great eliminative channels of the body?
4. Name the divisions of the alimentary canal.
5. Describe any one of the following processes: digestion, respiration, or circulation.

HYGIENE

1. How would you ventilate a sick-room?
2. Why is the daily bath of a patient so essential in the nursing care of many diseases?
3. How can water be rendered free from bacteria?
4. What general precautions should be observed in the purchase and care of foods?
5. What disposition should be made of the sputum from tuberculosis or pneumonia patients, and why?

HYDROTHERAPY AND MASSAGE

1. Define hydrotherapy.
2. Describe method of giving a hot pack; cold sponge.
3. What effect has massage upon the circulation?
4. Name two diseases where massage is contra-indicated.
5. Why is massage beneficial to rest-cure cases?

GENERAL MEDICAL DISEASES

1. What care would you give to prevent bed-sores?
2. How do you give a foot-bath in bed?
3. What class of patients are given cold baths?
4. In what disease is the sputum rust-colored?
5. What is meant by suppression of urine; retention of urine?

MATERIA MEDICA

1. State the various ways by which medicine can enter the system.
2. What are the forms in which medicine is put up?
3. How would you give a dose of castor oil to a child?
4. How do you prepare for and give a hypodermic?
5. Write out the English of the following abbreviations: aa — c — p.r.n. — t.i.d.

DIETETICS

1. Are the digestive organs affected by the condition of the general system?
2. What is regarded as the perfect food?
3. What is the best method for preparing beef juice?
4. What effect does boiling have upon beef tea?
5. Mention two ways of giving food other than by mouth.

SURGERY

1. State one method of preparing the field of operation for an appendectomy.
2. Name the articles to be in readiness on an antiseptic tray.
3. In cleaning the hands for surgical work, what part of the hand should receive the most careful attention?
4. Why are pus dressings, as a rule, not done in the main operating-room of the hospital?
5. Suggest a practical way of sterilizing surgical dressings in a private home.

OBSTETRICS

1. What is the function of the placenta or after-birth?
2. Give a complete list of articles which should be placed in readiness in the confinement room, after labor begins, for the normal obstetric case.
3. What are abortion, miscarriage, and premature labor?
4. What is puerperal infection; the source; the symptoms?
5. Describe a good breast binder and method of applying it.

CONTAGIOUS DISEASES

1. Give in detail the process of isolation and the sanitary surroundings for a diphtheria case throughout the case.
2. How do you feed an intubation case?
3. What precaution should a nurse observe in the care of her own health and habits while caring for contagious cases?
4. Why is the skin of patients having eruptive fever anointed?
5. Tell all you know about antitoxin; its manufacture, its use, etc.

DISEASES OF WOMEN

1. Name the female organs of reproduction.
2. What preparation should a nurse make for a vaginal examination?

3. What precaution should be observed in catheterization?
4. How would you prepare a patient for perineal operation? Give important points in after care.
5. Give symptoms of internal hæmorrhage.

CARE AND FEEDING OF INFANTS

1. (*a*) At what temperature should a nursery be kept during the day?
   (*b*) How high from the floor should the thermometer be hung?
   (*c*) How often and in what manner should the nursery be aired?
2. At what age may an infant first begin to be taken out of doors: spring, summer, autumn, and winter, respectively?
3. How often should artificially fed infants be weighed? What are the general indications that artificially fed infants are not doing well?
4. Name and describe the causes, symptoms, and care of any three disorders common to the first few weeks of an infant's life.
5. How much will the stomach of a new-born infant hold?

NURSING THE INSANE

1. Name four forms of insanity, and describe two.
2. Name two fundamental requisites in the daily care of the insane.
3. How would you meet the delusions of insanity?
4. Is it ever permissible to deceive an insane patient? Why?
5. Describe the giving of gavage to an insane patient.

TORONTO, CAN.—The accompanying cut shows the exterior of the new nurses' residence erected, furnished, and presented to the Hospital for Sick Children at Toronto, Canada, by the Hon. J. Ross Robertson. This is, without doubt, one of the most complete buildings of the kind that have ever been constructed. It cost about $120,000, is situated at the south end of the hospital grounds, between La Plante Avenue and Elizabeth Street, is built in red brick in colonial style of architecture, is five stories, exclusive of the basement, and provides ample accommodations for the requirements of the hospital, probably, for the next twenty years.

The basement is as light and bright a floor as the upper floors of the building, and contains on its east side a refrigerator and cold storage room, a scullery, and necessary store-rooms for the kitchen. It has also a modern diet kitchen, in which the nurses are taught special diet work as well as general cookery. In the centre of the basement is a demonstration room, 40 x 30, where nurses are taught ward work by demonstration during their probation period, and before they enter the wards of the hospital. On the west side of the basement is a large plunge bath, 35 x 14, with shower-bath and dressing room, next a sewing room, and on the north side of the corridor two large trunk rooms, vacuum sweeper room, and elevator room, while under the front of the centre of the building is the boiler plant, furnishing the building with heat and hot water. No

brooms are used in the building. It is swept by the vacuum process. The centre part of the ground floor is devoted to a large lecture hall and reception room, and adjoining it on the east is the general dining-room, a serving pantry, and the kitchen and cooks' pantries. To the west of the reception hall are the parlor, music and writing rooms, a library of general literature, a lecture room, a waiting room, and a lavatory. The first floor has twenty bed rooms, each 9 x 16, with two bath rooms, in which there are two tubs each, one for every five nurses on the floor. There is also a parlor in the south centre of the floor for the nurses, and a bed room and sitting room for the superintendent. The second floor is laid out like the first floor, with twenty bed rooms, but it has in addition a medical library, which is exclusively for the use of nurses in training, and on this floor are also rooms for the assistant superintendent, the housekeeper, and the supervisor of nurses. The third floor is also for nurses, and contains twenty-four bed rooms. This floor is laid out the same as the two previous floors. The fourth floor has twenty-one bed rooms for domestics, and has bath rooms and other conveniences. In the centre of the fourth floor is a room 45 x 33, fitted up as a gymnasium for the nurses. This room is used for thirty minutes in the morning and evening, when the nurses are given instruction. A narrow stairway leads to the roof garden, a slat space 45 x 33, where, during the summer time, nurses may sit and rest when their day's labor is over.

It must be remembered that during the summer months the nurses have their turns at the Lakeside Home on the Island, but there are always about ten nurses at the hospital, and these have to have fresh air and rest in hot weather, such as we had in last August, for example.

There will be—in fact, are now—forty-five nurses, including probationers, in the hospital. A large amount of heavy work is required of these women, and to do this work and be in perfect health, they must live under the best sanitary conditions, with good food, well ventilated rooms, and up-to-date methods, by the aid of baths, gymnastic exercises, and physical instruction, so that they may not only be in the best of health during their stay in the hospital, but when they go out to labor in the nursing field they will do so under the best possible condition. This is a brief description of the residence for the nurses. It will be formally opened this month, after which the JOURNAL is promised a set of interior photographs, which will afford many valuable suggestions to those contemplating the erection of a nurses' home. From the building to the endowment of the school would seem to be only a step.

CHICAGO, ILL.—The graduating exercises of the Chicago Passavant Hospital Training-School were held November 15. The musical part of the programme was conducted by Mr. Blatchford, and among the speakers was Dr. Stella M. Gardiner, who in her charming manner gave a very interesting history of nursing and its progress.

Diplomas were given the following: Misses Anna Ziegler, Margaret Bidinger, Laura Grossteuck, Adelaide Moore, Clara Walker, Martha Wallace, Ellen Dubel, Maude Essig, and Mary Kennedy.

The alumnæ entertained the class and a number of their friends November 14. A very delightful evening was spent. An amusing paper entitled "Snatches



Nurses' Residence. Hospital for Sick Children, Toronto, Canada.

of What I Have Seen" was read by Miss Wallace. This, of course, was from an Irish standpoint, she being from Belfast, Ireland. Miss Essig gave a history of the class, and Miss Kennedy made the hit of the evening in her class prophecy. Some good, wholesome advice was given to the juniors by Miss Grossteuck, and very aptly responded to by Miss Barnett. Miss Ulendorf recited "Women at a Social Game," and Miss Weiss gave two songs. The nurses sang some of the "Old Home Songs," and the gentlemen, not to be outdone, sang a number of college songs. About seventy-five were present.

CLEVELAND, OHIO.—A class of eleven nurses graduated from St. Vincent's Charity Hospital, of Cleveland, Ohio, on November 27, 1906. The names of the young ladies receiving diplomas were: Miss Mary Elizabeth McGrath, Canada; Miss Clara Louise Robertson, Oswego, N. Y.; Miss Mary Elizabeth Hogan, Cleveland; Miss Minnie Alkire, Chillicothe; Miss Mary Alice Daugherty, Kent; Miss Helen McDermott, Akron; Miss Gertrude Perrin Elsworth, Green Spring; Miss Mary Catherine Metzger, Louisville, O.; Miss Margaret Cecelia McGuire, Akron; Miss Teresa Isabel Rynn, Akron, and Miss Anna Mary McGreevy, Akron.

A number of entertainments were given to the graduates. On Monday evening the class was entertained by the seniors of the training-school with a theatre party at the Opera House, followed by a supper at the Colonial Hotel. On Tuesday evening the sisters of the Hospital gave a dinner in their honor, and after the commencement exercises a banquet was tendered to them at the Hotel Euclid by the graduates of last year.

THE graduating exercises of the Danville, Virginia, General Hospital training-school for nurses were held at the hospital December 14th. Diplomas were presented to the following graduates by Dr. R. B. James: Miss Rosa Lee Arun, Miss Dora Hartsell, Miss Maude Evelyn Minter, Miss Doris Isabel Wimmer, and Miss Mary Stuart Vernon.

THE new wing of the Orange Memorial Hospital was thrown open for public inspection Thursday, December 6, 1906, and presents the most pleasing and gratifying results to all who have labored towards this end. It is beautifully equipped, and up-to-date in every particular. The lower floor will be occupied by babies and children, and includes a sun parlor, with the most fascinating furniture—the gift of one of the hospital's most generous donors. The walls of the building are tinted a pale green, which relieves the white woodwork, and is more restful to the eye than all pervading white, until the upper or third floor is reached, which includes the operating theatre, and then all is white. Apparently nothing has been left unthought of in this, and indeed, in all its parts. The heating and ventilating are most thorough, and can be regulated to a turn for all weathers. The maternity wards include a delivery room and babies' room. The second floor is devoted to private rooms, most attractively furnished, some by private donors, with all their dainty china and restful surroundings. One is provided with a private bathroom, and every floor has ample facilities for bathing, cooking and drying rooms, and, dear to the nurse's as well as the housekeeper's heart, well filled linen-shelves. Old graduates of the school who took opportunity to go through everything on that day could not fail to

compare the old times with the new and rejoice in all the advancement and good things that time had provided.

THE addition to the Home and Retreat, Lynchburg, Virginia, will be ready for occupancy by January. The capacity of the institution will be doubled and all modern improvements embodied.

THE Minnequa Hospital nurses have placed a life size portrait of Florence Nightingale in tile in one of the niches in front of the hospital. There are eight niches in all, four of which are now filled. Hippocrates, Jenner, N. S. Davis, and Florence Nightingale are the subjects represented. The latter is considered to be the best picture.

Is there any connection between these three facts: (1) flies act as carriers of typhoid fever infection, (2) in October, when the first cold days come, flies clamor for entrance to our heated houses, and infest our homes, and (3) in October, we have the greatest amount of sickness from typhoid fever? Can Mr. Fly plead not guilty in the face of this circumstantial evidence?—*Public Health.*

"RESOLVED, That I have named my boat Advice so no one will take it. There have been so many boats missing around here lately. But nobody will take advice. The only man who will take advice is the man who does n't need it—you can get tons of advice when you don't need it, but directly you need it you must pay well for it."—*Buster Brown.*

"IF the power to do hard work is not a talent, it is the best possible substitute for it. Things don't turn up in this world until somebody turns them up. A pound of pluck is worth a ton of luck. Luck is an *ignis fatuus.* You may follow it to ruin, but never to success."—*Garfield.*

"I KNEW a witty physician who found theology in the biliary duct, and used to affirm that if there was disease in the liver, the man became a Calvinist, and if that organ was sound, he became a Unitarian."—*Emerson.*

"CHARACTER is nature in the highest form."



Florence Nightingale.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING DECEMBER 13, 1906

FARISH, WINNIES, ex-army nurse, graduate of New Orleans Hospital Training-School, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

HAENTSCHE, AMALIE IDA, graduate of German Hospital, New York City, 1898, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HANSON, BERNICE ELIZA, arrived at Newport News, Virginia, on Kilpatrick, en route from Manila; ordered home to report for discharge.

LEONARD, GRACE E., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5, 1906.

LUSTIG, GERTRUDE H., graduate of Memorial Hospital, Morristown, New Jersey, 1902; post-graduate course at Sloane Maternity, and superintendent of Training-School and Hospital, Morristown Memorial, for four years and at time of appointment; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

VAN DERHOEF, IDA E., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

WHITE, ALICE CECIL, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5, 1906.

WILLIAMSON, ANNE, arrived at Newport News, Virginia, on Kilpatrick en route from Manila; ordered home to report for discharge.

WOODS, EMMA, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

PRACTICAL SUGGESTIONS

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Cutting instruments may be conveniently sterilized by scrubbing with green soap, then wrapping the blades in sterile cotton, saturated with tincture of green soap. This wrapping is allowed to dry on the instruments, and they are put away for future use. Just before using, they should be dropped into boiling water.

When it is necessary to bathe a baby in a room that is at all chilly, if the nurse will put a hot water bottle in her lap, properly covered, and let the baby lie upon it, it will obviate the danger of chilling.

In giving a bath and doing up the morning's work, a small towel pinned to the nurse's skirt just under the apron will be found a convenience and do away with entering the bath-room so often to dry the hands.

J. H. P.

Where lightly polished furniture is found in the sick-room, it is well to protect the side of the bed with a towel or papers, for alcohol and soap and water do much harm, and brand the nurse in the eyes of the family as careless. Stork sheeting can be used on the bedside table, so hot articles will not mar the wood.

J. H. P.

For patients who must be kept in a sitting posture, to facilitate the drainage of pus, comfort may be obtained by folding a sheet diagonally and tying the ends to the bed posts at the head of the bed. This makes a hammock-like seat which is more yielding and restful than the bed, and keeps the patient from slipping downward.

A cork, readily obtained from an ether can in the operating-room, may be dipped in scraped sapolio and used to clean knives and needles. It serves the purpose much better than gauze.

Gentle massage of the feet of a nervous, wakeful patient will often induce sleep when other means fail.

H. W. K.

Malted milk prepared as for a drink, then frozen, is very acceptable to most patients.

Very strong chicken broth, seasoned with thyme and strained into small moulds, forms a jelly that is both palatable and nutritious.

A refreshing drink is made by putting cracked ice, the juice of half a lemon, the juice of an orange, and sugar into the shaker with the raw eggs. Well shaken and then strained, this kind of orangeade is enjoyed by patients who cannot take raw eggs in any other way.

The safety razor will be found of great service in shaving the field of operation preparatory to surgical operations. It cannot entirely replace the ordinary razor, as it is difficult or impossible to get into the folds of the skin with the safety. However, most areas can be quickly and smoothly shaved, with much less discomfort to the timid patient than in the old way.

When feeding a patient who is lying in bed, if liquids are placed under the tongue instead of upon it, the patient is not as liable to choke.

Beef or mutton broth, free from fat, seasoned and frozen in an ice-cream freezer, affords an agreeable change from the monotony of diet.

In obstetrical practice, when a patient is suffering from excess of milk and the physician cannot be reached at once, the first endeavor of the nurse must be to relieve the pain of the patient. Flannels wrung out of hot water, rubbing the breasts gently towards the nipple with warm sweet oil or cocoa butter, and the use of the Florence Nightingale Breast-pump, are measures which may be resorted to safely.

G.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | FEBRUARY, 1907 | NO. 5

EDITORIAL COMMENT

SIMPLER METHODS

THE swing of the pendulum in every-day life during the last few years has been decidedly in favor of the simplification of living.

One of its notable instances is in household decoration. Rooms which we formerly saw filled to overflowing with bric-à-brac and ornate, dust-gathering furniture have been reduced to their lowest terms in the way of decoration, giving us a sense of relief both mental and physical.

The elaboration and extravagance of the nation's food will doubtless show as much change, although less apparent; and if we are vouchsafed a few glimmers of common sense in the clothing of our bodies, we may hope that bare existence may gradually become less burdensome.

It remained for an earnest French clergyman to sound the note of warning which the whole world heeded.

However, this tendency toward simplicity has been slowly gathering force in a quiet way, unknown to the general public, in the great practice of surgery, for an even longer period than Pastor Wagner's famous sermons.

The chief apostles of simplicity in surgery have been two brothers in a Western village, who by precept and example have called widespread attention to their creed of simplicity and economy, making their little town a Mecca for the surgeons of the whole world. It is interesting to note that nurses are also making this pilgrimage, and likewise amusing to hear their expressions of gratitude for the spread of a doctrine which many of them have long held, though they have been unable to get an audience to listen to their pleadings.

The first real hearing they had was the notable paper by Miss Samuels, of the Roosevelt Hospital, New York, apropos of the deficits

of some of the large hospitals of the country, and it certainly is especially gratifying to the many women in executive positions who wrestle with the problem of hospital maintenance to find the doctrine of simplicity and economy gaining headway. May we live to see the day when glass, nickel, and marble may be less important, and more thought given to the diet and general comfort of the patient!

PROGRESS OF STATE REGISTRATION: LESSONS TO BE LEARNED FROM THE LAWS IN OPERATION

In opening up the general review of the subject of state registration, we had intended to commence with a criticism of the bills now in operation, in the order in which they were passed. There has been some delay in getting the material together, because of the holiday season and for various other causes, and we are unable to continue the discussion fully in this issue, as announced.

North Carolina.—Of the administration of the law in North Carolina, we have some interesting facts, which we give at this time. The North Carolina nurses succeeded in securing the passage of a law for the state registration of nurses a number of weeks earlier than New Jersey and New York. The bill as it finally came out of the legislature was very much amended, and we have understood it was not at all in the form in which it was presented. In the passage of the North Carolina bill, the workers had no fund from which to draw. The first year after the law went into effect the fees did not amount to enough to pay the expenses, and each member of the board paid his or her own bills for travelling, etc. The members now receive four dollars per day, with travelling expenses, while engaged in the work of the board, the fees being paid out of the five dollars registration fee.

The bill, although one of great limitations, has had a tendency to arouse a greater interest in the careful instruction of nurses, and the training-schools within the state express themselves as willing to make any changes necessary to render their graduates ready for registration. The bill as it passed did not make a diploma compulsory, but we understand that none but graduate nurses have come forward to take the examination. The proposed amendments to the statute which are to be presented to the legislature this winter ask that a diploma from a general hospital be required of all applicants for examination. There has been no provision made for the inspection of training-schools.

We have to take into consideration that the North Carolina nurses

had absolutely no precedent, that conditions in the South are very different from those in the North and West, and that what may seem very inadequate from a professional standpoint to nurses in other sections of the country really represents a great deal when we consider all of the circumstances in connection with the passage of the bill. The statute provides for registration with the County Clerk, with the keeping of a roll of registered nurses, and for the revocation of a license or certificate for adequate causes and by a method of procedure clearly defined.

While the North Carolina bill is not one to be taken as a standard, still as we review the obstacles that nurses of the successful states have had to overcome, and the number of failures that have been met with in other directions, this bill as it stands, the first to become a law, impresses us as an achievement to be proud of. Time will remedy its defects.

A WEAK POINT

For many years there has been more or less complaint and criticism from the oculists regarding the provisions made by general hospitals and nurses' schools for the care of the eye patient.

If one takes the time to inquire and observe, one will find that the complaint is not only well founded, but that the oculists have been remarkably patient and long-suffering. The improvements in the hospitals have been made principally for general surgery, laboratory work, and later dietetics. In some instances the eye patient has had a postscript added for his benefit by making use of some nook or corner which was originally intended for some other purpose, but more often he is nearly overlooked altogether. Teaching of the nurses has been likewise pushed aside for what seemed more important subjects, which leaves graduates of many general hospitals wofully ignorant of the care of the eyes, outside of the preventive measures used with the new-born child.

That this has been done unconsciously there is no doubt, but it seems time for all concerned, hospital officials as well as nursing teachers, to stop and consider.

Sooner or later the great bulk of humanity needs the service of the oculist. Few of us escape, and a glimpse of any public school, with its vast numbers of small children wearing glasses, will convince any doubter of the need of a better understanding of the eye, its use and abuse, both in health and disease.

We make a plea to nurses' teachers to improve this point in their

curricula, to hospital managers to make better provision for the treatment and nursing; and to graduates who are seeking interesting topics for their alumnæ associations to work upon, we would say that here is a subject timely, much neglected, and of vast importance.

SOME OF THE REASONS

It is not only in the army and in our regular hospitals that there seems to be a scarcity of good nurses, but in the broader fields that are opening up we frequently hear of great difficulties which boards in different lines are having to secure the right kind of women for special kinds of nursing work. The tuberculosis crusade has taken a great many into that field, while district nursing calls for the very highest type of women, although even in that direction we hear the cry that it is impossible to get enough. Boards of Health in a number of cities that we have known about have started out with the very commendable ruling that only graduates of the highest grade of schools, or women who are registered where such laws are in force, shall be eligible for positions in the tuberculosis or contagious hospitals. It has been our humiliating experience to see these standards broken down in a number of instances, simply because the women of the higher type have refused to take these positions, and inexperienced nurses have been placed in important positions simply because no others were available.

The salary offered for these positions is usually only fifty dollars. We think institutions will have to make up their minds to pay higher salaries to women of experience, and we see no reason why they should not, particularly in a contagious hospital. We understand that the insane hospitals are having their own difficulties in securing able women for the permanent positions, and we here again think that state and city institutions will have to increase the salary allowance in order to meet the situation. In every line of work requiring skilled labor there is a scarcity of competent men and women all over the country. It is in the trades, in every line of business, among teachers of every class, and, as we know, in all kinds of public institutions. The cost of living has increased very materially, the ordinary food supplies, clothing, and rent having advanced steadily in the past few years, and yet the salaries to teachers and nurses in permanent positions have not advanced. We believe this is one reason why the institutions of every kind are having such difficulty in filling their permanent positions.

The great library development of the country, with the establishment of library schools, is comparatively recent, and has taken great

numbers of the educated classes of women who formerly entered the training-schools. Stenography is another line, and business opportunities are developing in so many ways, that in order to compete with all these different forces, nursing education will have to be placed on a higher plane and the compensation paid to nurses in permanent positions increased.

The demand is for women of the highest education and experience in nursing work; not for women with only technical knowledge.

THE ASSOCIATED ALUMNÆ MEETING IN RICHMOND

The date of the annual convention of the Nurses' Associated Alumnæ of the United States, to be held in Richmond, Virginia, has been fixed for Tuesday, Wednesday, and Thursday, May 14, 15, and 16, 1907.

This will take the members further South than they have yet gone, at a season of the year when the weather is most delightful in that section, and to a city renowned for its beauty and hospitality. There should be a very large attendance, and we make the announcement early, that the members may make their plans accordingly.

The programme for the meeting will be announced at an early date.

There is to be a section for the discussion of the subject of state registration, to be presided over by Miss Sarah E. Sly, of Birmingham, Michigan, the Interstate Secretary.

VENEREAL PROPHYLAXIS

We give in this number the first of two papers on Venereal Prophylaxis, contributed by Dr. Marion Craig Potter, of Rochester, New York, which are especially valuable at this time, when agitation on the subject is so widespread. These papers cover an address given by request before the Monroe County Registered Nurses' Association early in December, and they embody instruction which Dr. Potter has given to the pupils of the training-school of the Rochester City Hospital, during the past six years. We call the attention of superintendents of the schools which have not afforded such instruction to their pupils, to the manner in which Dr. Potter has handled this very difficult subject, and we advise such superintendents to see to it that their pupils are properly instructed in regard to this whole broad question of venereal and moral prophylaxis before graduating from the training-schools.

POPULAR MEDICAL INSTRUCTION

UNDER the auspices of the Harvard Medical School, a course of lectures has been established by leading specialists of New England, to be held at the amphitheatre of the new medical school, that will be freely opened to the public to the seating cápacity of the hall. The course opened on the evening of January 12, and will continue every Saturday evening and every Sunday afternoon until May 12, thirty-six lectures in all. These lectures are to be given by men of experience and reputation, and are to cover a wide field relating to the nature of disease in general, and to particular prevalent diseases, with instructions as to means of avoidance and of treatment. Also how to care for the body in health, in order to preserve and increase its usefulness. There will be a number of lectures on the care and treatment of infants and young children, which are intended to be of special value to parents. This is perhaps the most broadly progressive step that any medical college has yet taken, it having been the policy of the medical profession heretofore rather to keep the intelligent public as much in ignorance of matters pertaining to health and disease as was possible. There does not seem to be any reason why intelligent people should not only be instructed in regard to the preservation and uses of their bodies in health, but that they should have a reasonable understanding of the causes and conditions of disease, and how to prevent them, and we believe this attitude of Harvard is the beginning of a new era in medical teaching. The average person is very greatly interested in disease. It is a subject we hear discussed on every street corner, in public conveyances, and wherever a number are gathered together for social intercourse, and if people will discuss such subjects, it would seem just as well that they should have some glimmering of the actual truth.

THE PACIFIC JOURNAL AGAIN TO THE FRONT

THE nursing journal of the Pacific Coast continues to develop upon lines which quite fill us with envy. The organizations of nurses in Oregon and Washington have adopted the *Pacific Journal* as their official organ, and will include the subscription to it in the annual dues. Each of these states is to have a representative on the editorial staff, to have charge of the work in its own section. This development is largely due to the efforts of Miss Genevieve Cook, who in the early winter made a trip up the coast and, through her personal effort, aroused an interest among the members of these scattered organizations which promises to bear splendid fruit, not only for the success of the magazine, but for the

progress of nursing on the Pacific slope. We know from our own personal visit something of the splendid cordiality and spirit of coöperation which exists in the northwest especially, and we are watching nursing progress west of the Rockies with a very great deal of interest. Nurses in the newer country have not so many old traditions to fight against, although they have difficulties peculiar to a newer country, from which the nurses farther east are perhaps exempt. The effort is all of an upward trend, in whatever section we find it, and is steadily advancing in a direction for more thorough educational advantages for nurses.

ALUMNÆ QUARTERLIES

The Alumnæ Association of the Training-School of the Episcopal Hospital of Philadelphia has gotten out an annual report in very attractive form, which includes a review of the work of the association during the five years of its existence, an address given to the last graduating class by Dr. David L. Edsall, and a list of the members, with their addresses. During the past few months we have received an unusual number of requests for information in regard to the cost and best method of procedure in publishing an alumnæ quarterly. It would be a very great help to the other societies if the organizations now conducting such quarterlies successfully would send reports, showing the cost and manner in which such work is conducted, for publication in the official department. This would serve the double purpose of aiding those who are looking for instruction along these lines, and of acting as a stimulus in arousing interest in societies that are not yet seriously contemplating such publication of their proceedings.

OFFICIAL DIRECTORY

We want to remind association workers that the addresses of the officers of all of the affiliated national alumnæ associations are published monthly in the official directory of this magazine. Corrections and changes of address are made as rapidly as sent, and by using the directory instead of writing to the Journal, much time and labor will be saved for all parties concerned. We want again to remind our readers that Miss Sarah E. Sly, of Birmingham, Michigan, is giving a great deal of study to the subject of state organization and legislative procedure, and that she is the proper person to appeal to for assistance in regard to such matters. While we are more than willing, personally, to reply to inquiries of every kind in regard to the subject of state organization, Miss Sly is in a position, from her close touch with all the states, to give very valuable aid.

VENEREAL PROPHYLAXIS *

By MARION CRAIG POTTER, M.D.

Woman assistant to the attending staff, Rochester City Hospital, Rochester, New York

It seems like the irony of fate that one of the strongest and purest sentiments of life should be the source of a class of diseases the most loathsome and abhorrent that flesh is heir to, and that the goddess of love, adored and worshipped by the ancients under the name of Venus, should give the name to these diseases.

Of venereal diseases, the one most terrible in its ravages has also received its name from a legendary myth, which relates that a faithful servant, Syphilus by name, worshipped his master the king so much more than he did the gods, that Apollo, in a rage of jealousy, as a punishment afflicted him with the disease which has since borne his name.

Speaking broadly, venereal diseases are those due to and originating in impure relations between the sexes, although, as we shall learn, they are often transmitted in other ways, and should be classed among contagious diseases. However, the name remains.

This class of contagious diseases is divided into three principal groups, namely, Syphilis, Gonorrhœa, and Chancroid. Each is a distinct and separate disease, and has nothing in common with the others, although they may all be present upon the same person at one time, but possessed of certain characteristics which are peculiar to themselves. In this paper we will confine ourselves to the study of Syphilis, leaving Gonorrhœa and Chancroids for another time.

Syphilis is a specific infection and chronic disorder resulting either from immediate or mediate transference of the disease from an infected to a sound individual, or from its transmission by inheritance.

It is a constitutional disease; by which we mean that it may infect the entire system. In fact, there is not an organ nor a tissue in the body, from the hair on the head to the nails on the toes, that may not show its ravages. It is by far the most important disease that afflicts mankind, not only from its effects upon the original sufferer, but from the consequences which may be entailed upon the innocent offspring of the syphilitic individual.

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*Lecture given to the Monroe County Registered Nurses' Association, New York, by request.

It is the extremely contagious character of the syphilitic virus when conveyed from the diseased surfaces of an infected individual to an abraded surface in a healthy person that makes a knowledge of the disease itself and its various manifestations of such importance to a nurse. When a nurse is called to a case of diphtheria, smallpox, or contagious diseases of that character, she goes with the knowledge that possibly her life may be sacrificed in the performance of the duties of her profession, but she has the sympathy of her friends, and all possible measures of protection are thrown about her. It is not so in syphilis. She does not go forewarned, and receives no hint that she is running the risk of a contagion which may cause her years of suffering, and possibly death, and would forever cry out, "Unclean! Unclean!"

The popular opinion is sound, and ought to be emphasized, that it is unsafe to drink from public cups, to use public toilets, or to place coins in one's mouth, because syphilis is often acquired in this manner. Science is now taking up the question, and individual communion cups are becoming common in the churches, and a careful study is being made of some practical substitute for the common cup in school-rooms. It has formerly been often acquired accidentally through the processes of vaccination, tattooing, and skin-grafting, but now vaccine virus direct from the cow is used almost entirely, and in skin-grafting physicians are very particular about the former history of the person who gives the grafts. Tattooing is passing out of use as vulgar and a relic of barbarism.

The object of these lectures on venereal diseases is to help impress upon you the necessity of self-protection against them, and your training must be materially deficient if this question of self-protection has not been borne in upon you, so that you look upon every person you nurse as a possible victim of syphilis, and a source of danger, no matter what other ailment may be present. Everlasting watchfulness must be your only safeguard. It may be possible that in private practice you will never nurse a patient whose disease is called syphilis, and you may never hear syphilis discussed after leaving the walls of your alma mater, but you *will* certainly be called to care for patients suffering from it.

As you have been educated to a knowledge of sepsis, and the necessity of asepsis, so that you unquestioningly sterilize everything for the protection of your patient, so you should constantly have a care for your own safety. The surface of the skin or mucous membrane must be broken in order for the infection to enter the circulation, and if unavoidably the hands have in some way become abraded, the raw surfaces should always be protected.

The first historical mention we have of syphilis is about the time of the discovery of America, near the end of the fifteenth century, when there was a notorious and epidemic-like outbreak of syphilis in Italy. Its true source of infection at this time was not recognized, though many presumptive causes were given, among others that it had been brought from America by the men accompanying Columbus on his first voyage of discovery. This, like all other theories, on further investigation was found to be erroneous. Outbreaks have been found common at seaports after the arrival of sailors, and the disease has been found to spread throughout districts overrun by invading armies. The lawless character of these people has spread the disease all over the world.

Syphilis is known as a protective disease; that is, like smallpox and diseases of a contagious character, one rarely contracts the disease more than once in a lifetime. We shall learn later on that an attack of gonorrhœa or chancroid does not render the patient immune.

Syphilis runs its course in three distinct stages. The first stage or initial lesion is known as a chancre. It is very unoffending in its appearance, and is a small ulcer with a hard base. This hardness is more noticeable in some cases than in others.

This little sore is the place of infection; it is the exact point where the syphilitic germ came in contact with an abraded surface and the patient became inoculated with its poison. This chancre is syphilis; no cauterizing it, no cutting it out, no local treatment to it of any kind, can change its character or prevent the poison from continuing its deadly march through the system.

This initial lesion is *usually* situated on the genitalia, but the fact that brings the subject practically home to you is that it may develop at any spot where the germ from the syphilitic person comes in contact with a raw surface.

The secretions from this initial lesion are especially contagious, and every time a douche is given or a patient bathed, the nurse should feel satisfied that there are no unprotected abrasions on her hands, and should thoroughly cleanse them after the performance of those duties.

At one time there was a patient in one of the State Hospitals, who, two years previous to entrance, had had a hard sore on her nipple. In time she developed all the symptoms of syphilis. It had been neglected, and in two years she had degenerated into a hopeless, demented wreck of humanity. When she came to the hospital the true nature of her insanity was diagnosed, and the cause searched for. She was the wife of a saloon-keeper. One of the men about the place had syphilis. He was accustomed to kiss the baby, and from sores on his lips, which are

known as mucous patches and are very common in the course of the disease, he had inoculated the lip of the child, causing a chancre. The mother had become infected from nursing the child.

The health of many young girls has been sacrificed by allowing the kiss of a profligate. A case is on record where a young lady not only contracted the disease herself, but infected her whole family from a chancre on her lip, caught from a mucous patch on the lip of a young man who had escorted her home. Chancres have appeared on the knuckles of women washing the linen of syphilitic persons, and on the fingers of nurses and physicians. There is no place on the body, if the surface is broken, where the initial lesion of syphilis may not develop, if the virus or poison comes in contact with it.

There is always a period of incubation between the contact of the poison and the appearance of the initial sore. The average period of incubation is twenty-one days. That means that there is no appearance whatever of any sore during these days of incubation.

The venereal ulcer or initial lesion or chancre, all of which names have been given it, is very superficial, and its tendency nine times out of ten is to heal rather than to extend. In connection with this ulcer, the neighboring lymphatic glands are usually swollen. They are hard under the finger, show no tendency to suppurate, and are known as syphilitic buboes. If the sore is on the genitalia, we will have enlargement of the glands in the groins, and if it is on the lip, the glands of the neck become swollen.

Between six and seven weeks after the appearance of this chancre or first stage of syphilis, another distinct set of symptoms begin to manifest themselves. This is known as the secondary stage.

For a few days before the outburst of the secondary stage there are symptoms known as prodromata or forerunners of what is to follow. There is fever, rheumatoid pains of the muscles, aching of the bones, especially of the long bones, such as the ulna and tibia, and headache, usually confined to one side of the head. The peculiar feature of these symptoms is that they are worse at night.

Following closely upon the prodromata of this secondary stage we have the appearance of the lesions on the skin and mucous membranes.

The first one of the skin eruptions to make its appearance is characterized by rose-colored blotches or macules, and is called erythema maculatum. This eruption is abundant over the entire trunk, arms and legs, sometimes invading the face, notably the forehead. Just before the rash fully declares itself, there is a peculiar mottling of the skin, looking as though the eruption were under the cuticle, but had not yet made its way through.

This erythematous or roseola-like syphilide pursues its course evenly and quietly, passing on from distinct rose-colored stains to a coppery hue, then to a dingy yellow, and finally disappears entirely with a slight desquamation of the skin, leaving no trace of its presence. This coppery hue of the syphilides was formerly considered of diagnostic importance, but we often find it in non-venereal skin eruptions.

Following closely upon the erythema maculatum we have an eruption called erythema papulatum. We found that a macule was a red blotch; a papule is a pimple—that is, instead of being simply a blotch of color, we have an elevation of the cuticle, the eruption being raised above the level of the skin.

This erythema papulatum is of a darker hue than its congener, the erythema maculatum, and always more or less scaly. The papules are small and bear some resemblance to the simple acne that often invades the shoulders and arms from the irritation of flannel.

These pustules are widely disseminated over the body, like the macular and papular syphilides, and if the course of the disease is favorable, the pustules dry up, and become covered with flakes of dry epidermis, which are subsequently cast off, and only a staining of the skin remains, which in time fades away. If the pustule has been deep-seated, after the pigmentation or discoloration of the skin vanishes a white shiny scar is left, the size of the pustule, which is permanent.

The course which these symptoms pursue varies in intensity. Sometimes there is a distinct intermission between these eruptions, when the skin looks healthy, and to all appearances the person is well. At other times the progress of the disease is rapid, one train of symptoms crowding upon the others, until we find the three forms present all at one time—macules, papules, and pustules.

Eruptions on the hands and feet are unusual, and an eruption of this character on the palms of the hands and soles of the feet is always suspicious and nearly always syphilitic.

One prominent feature of this eruption is that it does not itch. This should be remembered—syphilitic eruptions do not itch. The skin of the syphilitic may be irritable, but there is never the itching and marks of the finger nails found in eczema, phthiriasis, lichen, and similar diseases.

After an intermission an eruption of pustules appears. The pustules are more deeply imbedded in the tissues than the papules, starting from the true skin and not the epidermis, and instead of being felt as an elevation above the cuticle, they are felt beneath the surface as a small, hard point, which rapidly becomes elevated and is crowned at its apex with pus.

The next and last symptom of syphilitic manifestations in the skin, to be spoken of in the secondary stage, is the gumma, in which the amount of thickening in the skin and the cellular tissue under the skin is very abundant and brawny, and which gives rise to very deep and offensive sores if allowed to break down and ulcerate. These gummata are found more frequently on the thighs and arms than elsewhere.

We have now gone over the salient points of the syphilides of the skin. Coincident with lesions of the skin, we have those of the mucous membranes. At the time of the outbreak of the first eruptions, inspection of the throat will reveal the entire mucous membrane red and congested. This condition extends to the tongue and whole buccal cavity, but with all this congestion there are comparatively few physical symptoms, such as soreness of throat and fever.

As the syphilides of the skin change from simple to serious, so lesions of the mucous membranes change from simple redness and congestion to thickened spots which become infiltrated and ulcerate, and are known as mucous patches. Other lesions of the mucous membranes are still deeper, corresponding to the gummata of the skin. These may cause ulceration of the larynx or septa between the nostrils, ulcerating so rapidly as to cause extensive disfigurement in a few days.

Conjoined with these symptoms of the skin and mucous membranes, we have enlargement of the glands all over the body, known as adenitis universalis. With these various lesions of the skin and mucous membranes and enlargement of the lymphatic glands, the appendages of the skin—the hair and nails—invite our attention. There is often a general alopecia, or falling out of the hair. This is not confined to the scalp, but attacks the hair of the face, the eyebrows and eyelashes, and all the hair of the body. In the early stages this is quickly replaced by as luxuriant growth as before; in the later stages of the disease this is not the case, as the follicles themselves are destroyed.

To recapitulate: In the first place, the chancre or primary stage appears about twenty-one days after exposure to the syphilitic virus; then there is a period of apparent immunity or recovery from the disease before the secondary stage appears. This secondary stage is characterized by lesions of the skin and mucous membranes, enlargement of the glands, and falling out of the hair, each symptom advancing progressively from superficial to deep lesions, from those which are mild and rapidly absorbed to those which are ulcerative and not readily absorbed.

Syphilis never runs a haphazard course, but pursues—if a serious case—a steady course from bad to worse, and from superficial lesions to those deep and destructive. In the foregoing we have tried to picture a

case of neglected or untreated syphilis, but, like all other diseases, it may run its course mildly, where only the initial lesion is found and a slight rash, or its course may be so severe that the patient succumbs to the poison before the disease is fairly diagnosed.

A case of fulminating syphilis of this character came under my observation some time ago. The patient, a strong, healthy, fine-looking woman, consulted a physician for sore throat. On examination the fauces were found very red and inflamed, the peculiar blush extending well into the buccal cavity. She spoke of a pain in her arm, but was subject to rheumatism and did not complain much of it. There was no eruption on the face, and she said there was none on her body, nor falling of her hair.

It is a rule among physicians not to treat a case of suspected syphilis with antisyphilitic medicines until the eruption of the secondary stage appears to confirm the diagnosis. For this reason no specific remedy was given, although the condition of her throat was suspicious. She went home with the injunction to call in a few days. She was not seen again for three weeks, when the physician was called to her home.

The little white mucous patches on the tonsils had become deep ulcers, and there was extensive swelling of the glands of the neck. The mucous membrane everywhere in the mouth was very red and ulcerated, and there was extensive gangrene of the right side of the jaw. The patient's hands and face were swollen, she was delirious, and had all the symptoms of acute Bright's disease. The urine was scanty and contained albumen and casts. She died in three days. No eruption came out on the hands or face, but after death was found on the body.

Here was a case where the initial lesion was so simple that it escaped detection, and where the secondary stage had scarcely appeared before the deep lesions, the gangrene and nephritis, which would ordinarily be found in advanced or tertiary syphilis, came on and caused death. Her lungs were congested, and no doubt every organ in her body was affected as in general septicæmia. Fortunately, cases of such malignancy are very rare.

After the secondary stage has subsided the patient seems well, and possibly may never have any further symptoms, especially if the treatment has been intelligently carried out and faithfully continued long after all symptoms have disappeared.

After the disappearance of the secondary stage, the tertiary symptoms usually do not appear until at least a year has elapsed. They possibly may not appear before five, ten, forty years—possibly not at all—but when they do come they are rightly called the deep lesions, for they are

always serious. It has been said that syphilis, once acquired, stamps its impress on the individuality of the person and becomes a part of him, and no power on earth can say in a given case when that impress may leave. A half century may pass away and the trail of the serpent be still visible.

Tertiary syphilis is a far graver form than secondary. Its presiding genius is destruction. Sometimes tertiary symptoms yield rapidly to treatment, but at other times they are particularly rebellious, lasting for years.

A young girl fifteen years of age had pains and fever, her hair fell out, and for a time she was treated for malaria. She was a beautiful girl and had been surrounded with every care. In time the true nature of the disease was discovered, and it was found a servant girl in the house had been suffering from syphilis, and in some way the poison had accidentally been conveyed to this young girl. Treatment was carried on most scientifically for a long time.

About fifteen years after she was considered cured, tertiary symptoms appeared, she developed catarrh and ulceration of the bones of the nose, and except for vigorous treatment would have been disfigured for life. The following year she awoke one morning to find the pupil of her eye dilated and the lid drooping and paralyzed. Treatment was again taken and continued after the lid had regained its function and she seemed well. About one year after, her speech became thickened, her sight poor, her extremities weak, and she was threatened with general paralysis. With this attack response to remedies was not so rapid as before, and although she knew the nature of her disease and carried out directions most intelligently, she does not entirely recuperate. She has developed what is known as syphilitic cachexia, which medicine will not reach, and it will probably be the cause of her death. Not yet forty, she is a physical wreck. Naturally endowed with a beautiful face, its character and expression are now marred by the dilated pupil and unnatural expression of the eye.

In connection with a history of this case, I may say that one cannot be too careful in regard to persons one brings into one's household.

As a rule, long-continued treatment masters the disease, but it cannot restore a lost part, such as the nose, or remove the scars and injuries left by its ravages. Lost sight may partially be restored, but an old ulceration invariably destroys the beauty and brilliancy of the eye. The hair may return, but there are spots where it is prematurely white or where baldness persists.

There is no organ upon which tertiary syphilis may not exercise its

power. Each and every viscus is liable to be invaded, as are all the tissues, connective, fibrous, muscular, cartilage, brain, nerve and blood vessels. Any of the functions may be disordered by it, and each or all of the special senses may be perverted or destroyed. The symptoms of all the forms of local, special, or general paralysis of motion and sensation may be occasioned by it. Finally the intellect may succumb, causing acute and chronic mania, melancholia, dementia, or paresis. Tertiary syphilis is especially prone to attack the bony and nervous systems.

Although we have drawn the picture of syphilis so black, no chronic disorder is really more amenable to treatment, and the manner in which the most hopeless ulcerations and symptoms of paralysis, if due to syphilis, disappear under the use of antisyphilitic remedies seems miraculous.

When the diagnosis is confirmed by the appearance of the secondary symptoms, then treatment should be crowded. Under treatment the neuralgic pains at night disappear, the eruptions of the skin vanish, the soreness of throat and mucous patches in the mouth clear up, the enlarged glands become absorbed, the falling of the hair is prevented, and the patient imagines himself cured. Not so! If treatment is discontinued at this point the symptoms will be found to be only in abeyance and will surely return. Treatment must be vigorously continued the first and second years, and the patient kept under observation for at least three years. It is not considered safe for a person to marry until five years after the initial lesion, and then only if the patient has taken treatment. If the treatment is followed out, no symptoms may ever occur beyond the first eruptions of the skin, and the individual's offspring may be born healthy. We have reason to believe that the germ of syphilis has been recognized, and the disease in time will be pronounced cured only when it can be proved scientifically that the germ has disappeared from the blood.

The following case illustrates how lightly the laity treat this terrible black plague, and how little knowledge they have of its real dangers. This secondary stage is self-limited, but there are nostrums on the market which cut it short, and the deluded victim considers the disease cured.

A very attractive little woman, a bride of six months, consulted a physician. On examination it was found that the patient had secondary syphilis, which was evidently undiagnosed and untreated. As she was in town temporarily, and the case was urgent, she was told to have her husband call for the medicine, which he did.

Fortunately for the physician, he carried his diagnosis with him,

for he had paralysis of the third nerve, with characteristic deformity of the right eye. On being told that his wife was suffering from syphilis, he declared "it couldn't be so." The physician replied: "You have it, too—your eye shows it." He then said: "Oh, well, I did have a touch of it once, and if that is the trouble I can cure her. I have cured lots of cases."

We have seen the wife murdered by syphilis contracted from an unfaithful husband, and an innocent woman its victim for life in a form which no doubt in her case will either cause her death or some lingering, loathsome illness worse than death. But the monster is seen in its most cruel form where the innocent babe is its victim through inherited syphilis. The lesions of inherited syphilis, such as bone lesions, spinal curvatures, blindness, deafness, and idiocy, are the most disfiguring and hopeless and the least amenable to treatment.

In a large majority of cases of pregnancy, where the parent is syphilitic, miscarriage occurs, while in others the child is so diseased at birth that it soon dies. Other children soon after birth, usually within three months, have a profuse discharge of mucous from the nostrils, known as coryza, accompanied by fever, eruptions of the skin, and mucous patches of the mouth. This corresponds to the secondary stage, as there is no primary stage or initial lesion in inherited syphilis. This condition may go on for months, if the true nature of the disease is undetected and proper treatment not given. At best the child grows up a weakling, often succumbing to some intercurrent disease. Many of these children are imbeciles. If the child has escaped in infancy, the disease may still be manifested by the permanent set of teeth being notched in a peculiar manner. These are known as Hutchinson teeth, and it is well for a nurse to always examine a child's teeth, and if they are decidedly notched and wedge-shaped, to call the physician's attention to them.

The child may possibly show no trace of the poison until puberty, when there is very apt to be an exacerbation of symptoms. Possibly the child develops iritis or atrophy of the optic or auditory nerve, and no matter how vigorously treatment is pushed, blindness or deafness often results. Epilepsy, hysteria, and persistent skin diseases may develop, or the child may be a nervous wreck, the constitution being hopelessly undermined.

In regard to the contagiousness of syphilis, it has been found that the physiological secretions, such as tears, perspiration, urine, and milk, are not contagious, and, as a rule, those deep lesions, known as the tertiary stage, are not contagious. The secretion from the chancre,

the mucous patches, and the blood of a patient are contagious. The mucous patches and blood of an infant suffering from inherited syphilis are also contagious.

It will thus be seen that the puerperal period is a time when especial care should be taken, as the secretion from a chancre or mucous patch, or the blood from the patient, might easily reach an abraded surface on the hand of the attendant. This period is not only a time of anxiety for the nurse, but it is a time when both nurse and physician should watch out that there are no sores on their own hands which might infect the patient. There is a case on record where a midwife inoculated forty women with syphilis from a chancre on her finger. The case was taken into the courts, where the woman was found guilty of knowing the nature of the sores, and imprisoned as a punishment.

Always be on guard. You can trust no person as free from contagion, for any one may be an innocent victim of this terrible disorder. No woman of leisure has more reason to be particular in the care of her hands than the nurse. The hands should be carefully manicured, time being taken to thoroughly soften the cuticle about the nails so that it can easily be pushed back and hanging nails prevented. When out of doors the hands should be protected by gloves, especially if a person is rowing, bicycling, or doing anything that might cause blisters. Cracking nuts or using the fingers for anything unnecessary that may abrade the skin should be avoided. With the best care abrasions may come, and a nurse should always be provided with collodion, vaseline and rubber gloves.

If the case for any reason seems especially suspicious, it would be well to dip the hands in vinegar, to find if there are some undiscovered abrasions to cover.

Do not make the mistake of thinking that physicians are under obligation to raise danger signals for your benefit. No danger signals are thrown out for them. They know that syphilis lurks in the most unsuspected places, and it is a part of their professional equipment to be constantly on guard against it. But physicians grow careless, *how* careless perhaps nothing can give you a better idea than for me to say that Dr. Osler states he knows twenty physicians who have been accidentally infected.

For a physician to keep his own counsel is one of the first laws of the profession. People will not continue to employ a person whom they suspect of telling their family affairs or retailing their misfortunes. Gossip may be forgiven any one except a physician or nurse. Secrets discovered in the sick-room are as sacred as the confessional. Even

the courts respect knowledge gained there, and do not demand its repetition.

The physician not only does not disclose his thoughts to the nurse, but this secrecy extends to the family, and often even to the patient. It is a *physician's* duty, when he comes in contact with a case, to protect an innocent wife, husband, or child, but if, with the utmost tact and discretion, he undertakes to meet this duty, he often finds himself in serious complications and perhaps legal difficulties, from an error in diagnosis or the deceit of the people with whom he has to deal.

If this is the case with the physician, who has years of study and experience at his command, who else can master the situation? Do not let a mistaken conscience lead you into giving a warning or expressing an opinion. Other diseases often simulate syphilis, and even the shrewdest syphilographers acknowledge they may make mistakes in diagnosis. If your suspicions are aroused, protect yourself, but be hopeful that you are mistaken. You will be besieged to give an opinion in ways you least suspect. A jealous wife may tell you she has syphilis, in order to get your opinion of her disease, when she really knows nothing about it and may not have it.

Have no opinion, have no confidante, have no curiosity; faithfully and unquestioningly execute the orders given you. Every interest of your patient may be conscientiously cared for, and self-preservation still remain your motto.

To be continued.

SYMPTOMS OF DISEASES AND ASPECTS OF SICKNESS IN CHILDREN

By J. W. PRATT

Scarlet Fever.—This usually occurs between the ages of two and twelve years, though adults occasionally contract the disease.

The time of incubation is from four to seven days. It begins with sore throat, chills and fever, headache, vomiting, restless sleep, and delirium. In children, convulsions indicate severe nervous disturbances.

The rash appears about the second day, on the chest, neck, and face, and gradually covers the entire surface of the body. There is a distinct pallor around the mouth. The rash lasts from two to five or six days, during which the severe symptoms continue, the throat is extremely sore, and there may be inflammation of the kidneys and the middle ear. All these complications tend to heighten the fever and delay convalescence.

In the anginose and malignant form of scarlet fever, all the symptoms are extremely severe. There may be diphtheritic deposits in the throat, and extremely severe earache. These symptoms must be watched for. In earache, children will scream and toss their heads from side to side. In inflammation of the kidneys, the first symptoms may be scanty urine, puffiness of the face, and intense pallor. These symptoms must be met with instant treatment or they may be quickly fatal.

In mild cases the fever is high for a few days, the eruption appears, and convalescence follows with desquamation. The fever ends by lysis.

In severe cases the temperature remains high, and is kept up by complications, diphtheria being a common one. Swelling of the glands of the neck must be watched for and reported at once. Pneumonia may occur, beginning with short respirations, flushing of the face, and rise of temperature.

Endocarditis or pericarditis may complicate scarlet fever. The pulse is rapid and wiry, with a short, sharp scream from the child, especially on any exertion, such as talking, and with a desire for the upright position. This may also indicate pleurisy, but examination by the physician will determine which.

An outward symptom of otitis media is the sign of pus on the pillow. It may occur without any previous sign of earache. All symptoms have to be met as they arise, and gradually convalescence is established. Dur-

ing the period of desquamation, great care should be taken to avoid draughts and in every way to avoid any kidney complications.

Measles.—The period of incubation is from one week to two. It begins suddenly with chills and a rise of temperature from 102° to 104° F. The child has a loss of appetite, is restless at night, and there is watering of the eyes and a general catarrhal condition. The eruption occurs on the fourth day, on the forehead, face, and then on the entire surface of the body. There is often very severe coughing, which may cause pain across the abdomen. There is also extreme itching of the entire surface of the body, which causes great restlessness.

The eruption fades in about ten days, and desquamation begins. In complicated cases there is great aggravation of the catarrhal conditions, and there may be inflammation of the middle ear, which will retard recovery.

Diphtheria.—One of the symptoms is general malaise. Few children can explain that their throats are sore, therefore it is a good plan to examine the throat of any child who is ill from an unseen cause. In diphtheria the throat is red and swollen, and there are grayish white patches of false membrane. In bad cases these patches will form on the soft palate and uvula, pharynx and posterior nares or larynx.

In mild cases the disease ends in about the second week. There is restlessness, drowsiness, and vomiting. The temperature varies from 101° to 105° F., pulse feeble and rapid, respiration difficult, face pallid, lips blue, nostrils dilated, and the expression of the face pitiable.

The most dangerous form is laryngeal. In children the passage for air in the larynx is very narrow, so any membrane forming there causes obstruction very quickly, respiration is difficult, and the muscles of the neck are strained in the effort to breathe. The membrane may entirely close the opening, and without quick surgical interference death takes place in a short time. A hoarse, croupy cough often indicates the extension of the membrane to the larynx.

During the disease, if the child sinks into a stupor it is a sign that the entire system has become affected with the poison, and in this case death may result from heart failure.

Cerebrospinal Fever.—There is no children's disease known, or, in fact, any disease, in which the symptoms are more peculiar or varied than in this fever. All symptoms seem to be peculiar to the brain and spinal-cord. There is sudden chilliness, headache, nausea, vomiting, pain, and gradually a general stiffness of the muscles of the back. The patient's

face has a terrible expression of distress, and there are terrific cramps in the muscles of the legs, twitchings of the lips and muscles of the face, and general convulsions, with the peculiar condition of the head drawn back, the spine curved, the forearms flexed upon the arms, the legs upon the thighs. In children there are shrill screams, even when unconscious. Vomiting is severe. Delirium is terrible and often of a maniacal order.

The fever often reaches 108°–109° F., when the pulse becomes rapid and feeble and death takes place.

During the disease there is great variation in the pulse. Sometimes it is normal in frequency, then quick, sometimes intermittent. The respirations have the same peculiar conditions. In cases that recover, the general muscular symptoms gradually disappear. The patient cannot bear the slightest light or sound, but these feelings gradually pass away, though the child will cry with pain all through the muscles for some time after the general bad symptoms have ceased to exist. Symptoms and feelings of this disease can be expressed by adults in a way which gives one a better idea of what children really suffer.

Typhoid Fever.—Synonyms in children, brain fever, infantile remittent fever. The child is languid, there is loss of appetite and inability to do things, he is easily irritated and seems cross for no apparent reason. Sometimes there is nose-bleed, and the child will pull its hair, which, as a general rule, indicates headache, if it is too young to explain. These symptoms gradually increase till they are all aggravated, when there are restless nights, gradual rise of temperature, and pain in the abdomen, which is indicated by a sharp, continued cry.

The temperature rises a little each day, and the symptoms grow worse in the second week. The child is drowsy during the day and delirious at night. Convulsions may occur, but they are more common in the eruptive fevers. The abdomen is tense and swollen, and groups of red, slightly elevated spots—the rose rash of enteric fever—appear on the abdomen, chest, and back. There is diarrhœa, with from five to eight or more painless, watery stools in twenty-four hours.

The child cries at intervals, sometimes a sharp, quick cry commonly known as a cerebral scream. The cry may be due to general disturbances of the nervous system, headache, earache, pain in the abdomen, or general delirium.

The pulse is usually rapid in children, ranging from 110° to 130°. A continuous high pulse rate is unfavorable, and great irregularity is a bad sign.

The temperature in moderately severe cases is 102° to 103° F. in the morning, and 103° to 104° in the evening. A temperature of 105°, 106°, or 107° is a grave indication. Marked morning remissions are favorable. Complications must be met as they arise. Pneumonia may be contracted very easily. Patients should not be allowed to lie in one position, as turning them from side to side is a good way to prevent congestion of the blood in the lungs, which may occur from one position—that on the back—being taken too long.

In mild cases all the symptoms improve in the second or third week. In severe cases they increase. The gravest accidents are hemorrhage and perforation. The slightest hemorrhage may be the forerunner of a more serious one.

Symptoms of hemorrhage are restlessness, pallor, rapid running pulse, sighing respirations, syncope, and the discharge of blood from the rectum. Occasionally there are these symptoms and there is no sign of blood for three hours after, then sometimes I have known from one to one and a half pints voided. In perforation there are sudden tympany, with a sharp cry indicating pain; pallor, rapid running pulse, vomiting, collapse, followed by cyanosis round the mouth, which shortly appears in the hands and feet. Death takes place in from one to three hours in children.

As a rule, the ulceration of the intestines is less in children than in adults, making intestinal hemorrhage and perforation less frequent.

The nervous symptoms are very severe, which has often given typhoid the name of brain fever. Grave conditions are picking at the bedclothes, spasmodic twitching of the muscles, and hiccough, or the child lies as if prostrated, and sinks in the bed. These conditions require careful watching.

Positions taken by sick children are important, and those given are well worth knowing. In pneumonia, if a child lies on one side by preference, it shows that that side is the affected one, as by lying on that one it gives better play to the less affected lung. In long illnesses or severe ones, great exhaustion is shown from the child lying on the back, with the face towards the ceiling. It may lie this way like a log till death takes place. If it lies constantly in one position, it may be paralyzed in some part; if it cries out when being moved, it lies still because of pain, as in rheumatism or scurvy.

Sleeping with the mouth open and head thrown back indicates that the tonsils are enlarged or that there are adenoids.

The motion of a child's hands are often deceptive. It will sometimes place the hands on the chest when there is pain in the abdomen.

Burying the face in the lap means inflammation of the eyes.

In inflammation of the brain, the head is drawn backward, and there may be opisthotonus or endosthotonus.

In pain a child is restless and does not sleep. In the beginning of acute disease, if cold, the child lies in a heavy stupor. It will often place the hand over the seat of pain, on the ear for earache, to the mouth in teething, and will pull the hair in severe headache.

In approaching convulsions the thumb is drawn into the palm and cannot be bent out.

Doubling up and straightening of the body mean colic.

The color of a child is altered by disease. It is yellow in jaundice, blue in congenital heart-disease, pale around the mouth during nausea. The skin has an earthy hue in diarrhœa and Bright's disease.

A flushed face means fever; sudden flushing and paling of the face, disease of the brain.

In whooping cough the face is flushed and stupid; in Bright's disease it is swollen.

A sudden crossing of the eyes denotes approaching convulsions, while wrinkling of the forehead means pain.

Every diarrhœa a child may have is not cholera infantum. This is a rare disease, with copious, watery stools, with or without vomiting. The face is deep-lined and shrunken.

The abdomen is tender and tense in colic, retracted and sensitive in inflammation of the brain, distended in diarrhœa and dropsy.

Not every cry which ceases when the child is fed is caused by hunger. A colic cry may be stopped in this way.

Persistent crying may be due to the sticking of a pin or the itching of eczema, or to some eruptive fever.

If a baby cries when taken up it may be due to a pain in the chest or severe intestinal colic.

A frequent whining cry is due to ill health. Shrill screams mean inflammation of the brain, when they are known as a cerebral cry, or may be due to cardiac inflammation.

In inflammation of the lungs the cry is short, due to pain in the chest. Nasal cry is due to a cold in the head. To cry when the bowels move means pain at that time. It is a loud, violent cry.

In exhaustion a child wrinkles its face to cry, but there is no sound. There are always tears after three or four months; if not, the child is not seriously sick.

A croupy cough is a spasmodic cough.

Enlarged tonsils and a long palate may cause a cough.

In whooping cough a child may or may not whoop.

A WORD TO THE WISE

By GISELA VON POSWIK

Graduate German Hospital, Philadelphia, Pennsylvania

NEVER share a bed with your patient, may be good advice for some of our newly graduated nurses, who start out in private work.

Often one is called to a hotel or a private house where only a little room is at the disposal of you and your patient.

When night comes, the patient, glowing with fever, says frequently: "Miss S., do not sit on that hard chair during the night. Look—this bed is a double one, with room enough for two. Come share it with me, for you need rest. Do please me; it will be a comfort to have you near me."

Now, here comes the temptation to a nurse to please her patient, but stop a moment, think of your patient's and your own welfare.

A patient must have undisturbed rest. Can she have it if the nurse turns or even moves? Does it not annoy a sick person? Is it right for a nurse to allow herself to try to rest with a patient who is restless, coughs, or has fever? Certainly not. It's a professional crime on the nurse's side. There are many ways in which a nurse can use her own ingenuity. If you are in a hotel, ask for a cot, which can be folded under the patient's bed, or in harmless cases removed from the room during the day. Often a Morris chair, by letting down the back and using a few pillows, can be turned into a fairly comfortable resting place.

My first private case was in a large family in very poor circumstances. The mother asked me to share the bed with my patient, a child who had typhoid pneumonia, for there was absolutely no room in the house, and not even a comfortable chair or a couch. I noticed that the children were plagued with pediculosis, and the beds alive with undesirable inhabitants.

What could I do? The first thirty hours there was no time for sleeping. By making up the bed I discovered that the mattress was a divided one, my patient occupying only half the bed, so, on the impulse of the moment, half of the mattress was quickly washed well with strong carbolic solution and put on the kitchen roof. After it was well sunned and aired, it landed on the floor, which I was sure had previously received a good antiseptic cleansing.

Thus I had a clean, semi-soft spot on which to curl myself during the night. This portion of the mattress was removed to the roof during daytime.

Let me state another case which just comes to my mind. A nurse had charge of a patient with valvular cardiac disease, complicated with insomnia, for six months. After that she was worn out and was obliged to leave her charge.

When the new nurse arrived and was shown to the bedroom she found, to her astonishment, that the single bed was not made up. "Pray, where did Miss S. sleep?" The daughter of the patient, with some surprise, said: "Why, she always slept with mother. You know, poor mother always liked to hold her hand, and then she does not call," etc., etc.

But the new nurse quietly said: "Let us try a different plan and see how we can work it." She made up the single bed and pushed it close to her patient's bed. During the first night her patient touched her every few minutes, and both had very little sleep. The next night the bed was moved far away, so her patient could not reach her; but now the poor nurse was called as many as seven times in ten minutes.

She did not give in, however. The next night the same plan was followed, for she had found it was only a habit, which had to be broken. It was a hard fight, but after three weeks the nurse won. The patient was taught to be contented by herself and to sleep. The nurse obtained sufficient rest, thus enabling her to continue with the case many months.

Two years ago I had charge of a sanatorium. One night, by making late rounds, I found that one of my special nurses slept with her patient, who had tuberculosis. The next day I called her to my office and asked her the reason for sharing her patient's bed. She replied: "I know it is wrong, but I love the poor little woman; she has so little blood and could not get warm, and is so homesick for her husband and family. By taking her in my arms she was warm and comforted in a few minutes."

I warned her, and made her promise me not to continue such a foolish practice. After a few months I left the institution and did not hear again of the nurse until November last, when I met her unexpectedly. She looked well, but she told me a different story.

Since her patient's death, twelve months before, she had been much run down, coughing and expectorating, and was obliged to take the open-air treatment herself.

How foolish was this girl to injure her health, and for nothing, for her patient derived no benefit from her devotion.

Ignore the first temptation, and thus avoid the difficulty of breaking a bad habit later.

GOITRES

By ELSBERT HOSIG

St. Mary's Hospital, Rochester, Minnesota; Graduate Farrand Training-School, Detroit, Michigan

The etiology of goitre is not yet understood. In certain districts, such as Switzerland, the Tyrol, and Savoy, it may be endemic, while in other places it may assume an epidemic form.

It occurs oftener in females, and as a rule begins at the age of puberty, though it may also occur during gestation. It may be congenital, but is usually acquired. Some authorities claim that the agent causing goitre is found in water.

The thyroid gland somewhat resembles a horse-shoe, the two lobes, one on each side of the trachea, being connected across its upper ring by the isthmus. They are about two inches long, and smaller at the upper portion. The weight is from one to one and one-half ounces. A thin, fibrous capsule invests this entire gland, a portion of which passes separately behind the trachea and esophagus to connect with the opposite side. To this structure is due many of the symptoms of pressure which occur in tumors enclosed in this dense capsule, the growth within which interferes with swallowing, breathing, or speaking.

The blood supply of the thyroid is remarkably extensive for an organ of its size. The vessel anastomosis is very free. The external carotids supply the upper poles through the superior thyroid arteries, while the inferior thyroids from the thyroid axis on each side supply more directly the larger part of the gland. The main veins are the superior, middle, and inferior, although others seem to develop in diseased organs. The nerve supply is from the sympathetic. In intimate relation with the right inferior artery is the recurrent laryngeal nerve, which lies in the space between the trachea and esophagus, and is often so affected by pressure of tumors, operation, or scar tissue as to cause hoarseness. On the left side the recurrent is usually more deeply set, and not in such close relation with the artery.

Associated in function but less understood are the parathyroids, four small glands, two on either side of the neck, behind or within the investing gland capsule. These glands are seldom seen in surgical work upon the thyroid or adjacent structure, unless they are themselves enlarged by disease. In review of foreign literature, it is stated that

tetany cannot be produced by complete removal of the thyroid gland so long as the parathyroids are left.

The function of the thyroid gland is not fully understood. The loss or lack of function of the thyroid gland in the very young prevents mental and physical development; its loss in the young adult causes mental deterioration; while in adults the frequency with which myxœdema follows the complete removal of the gland accounts for the wholesome respect which surgeons hold for this organ.

Cretinism may be defined as the arrest of mental and physical growth that develops early in life when function of the gland is lost or impaired. Cretinism usually begins at the age of from two to five years. It is closely connected with goitres, as is shown in goitrous districts.

The hyperplasia of goitre may be nodular, uniform, partial, or diffuse. The size may vary from a moderate swelling to huge, pedunculated masses. The goitres usually found in young people from eighteen to twenty-five are the so-called simple goitre, a parenchymatous enlargement, with excess of colloid, which usually recovers with or without treatment. Irregular enlargements may be adenomata, cysts, or an unevenly developed colloid goitre. The consequences of goitre depend upon the form, its seat and direction of growth, the most frequent danger being tracheal compression.

The symptoms of simple goitre may be moderate tachycardia, dyspnœa, and occasional vertigo. Treatment is usually medical, excepting in extreme cases, when an operation is necessary.

In the exophthalmic goitre there is a condition of hypertrophy of the thyroid gland, with very little of a colloid condition. Instead of one row of cells lining the acini, we have two, three, and four. Not having room, it unfolds like the cortex of the brain, so as to get still more cells, so there is an excess of cell life or activity, it being about four times more active than in a normal condition. This toxic product of the gland acts principally on the circulatory and nervous system.

The chemical composition of this gland when diseased has not been actually determined, but it is generally understood that it is not only increased in quantity, but also in quality. Exophthalmic goitre presents other symptoms than those produced by overdoses of thyro-iodine, medicinal doses of which as a rule aggravate certain features of exophthalmic goitre.

The symptoms of exophthalmic goitre are exophthalmos, which is due to a local vasomotor change of blood vessels; tachycardia, muscular spasms, mental excitement, sleeplessness, excessive sweating, anomalous pigmentation of the skin, and paralysis.

Treatment is perfect test if pulse is rapid. Diet should consist of easily digested food, and as much fluid as possible should be taken. Ext. Bella. gr. ⅙ may be given three or four times a day. Ice-bag over thyroid gland or over pericardium for several hours daily will be beneficial. Iodines should be used cautiously, and Dr. Kocher recommends them to be used in the form of an ointment. For the introduction of the operative treatment, we are indebted to Dr. Kocher, of Berne, who has performed the largest number of operations for goitre; and for the perfection of the operative treatment we are indebted to Dr. C. H. Mayo, of Rochester, Minnesota, who has performed the largest number of operations for exophthalmic goitres. Dr. Mayo's preparation for operation is the use of the X-ray for from one to three weeks. This making the gland more fibrous, and slowing the heart's action, an effort should be made to reduce the pulse to 120 if possible before operation.

Just before going to operating-room, the patient is given a hypodermic of Morph. Sulp. gr. ⅙, Atrop. Sulp. gr. $^1/_{120}$. The anæsthetic is ether, which has been used very successfully. In the operation the right lobe, the isthmus, and part—about one-half—of the left lobe are removed. The one-half of the left lobe is sufficient to supply the system with the secretion.

The causes of death are anæsthetic shock, hemorrhage, air embolism, pneumonia, suffocation, acute thyroidism, and infection. On returning from operating-room, the patient is given saline solution one quart, per rectum, by drop method, it taking about one hour to give this amount. This may be given about every eight hours. This solution, being taken up by the lymphatics, will lessen the toxic effect on the system. Morp. gr. ⅙ and Atrop. gr. $^1/_{120}$, may be given every six or eight hours to keep the patient as quiet as possible.

The pulse may be very rapid, and fluctuate from 120 to 180 or more for the first forty-eight hours. Ice-cap over pericardium may be used when pulse is very rapid. After first forty-eight hours, patient improves rapidly. Tachycardia and nervousness are then well under control, pulse gradually coming to normal.

The exophthalmos is less after the first few days, it taking about one year for the eyes to become normal.

The diet should be fluid or very soft for the first few days, it being a little difficult for patient to swallow, on account of the throat being sore.

Dr. J. Rogers, of New York, has presented a method which augurs well for the treatment of exophthalmic goitre. He has been led to his investigation of the disease through the sufferings of his wife. When

her condition became so severe that it seemed as if she was about to die, he became desperate enough to try some serum experiments for himself. Dr. Rogers made some emulsions of recently excised goitrous thyroid glands, and injected them into a rabbit. From the animal he obtained a serum, one injection of which practically annihilated all the symptoms of goitre in his wife.

The condition of the patient whom he so treated was so alarming when these injections were made that he as yet has hesitated about putting this serum in the hands of the profession, and he refuses to use it except in extreme cases, where even a surgeon prefers not to undertake surgical intervention.

PRENATAL INFLUENCES

By MENIA S. TYE

Graduate of Toronto General Hospital, Toronto, Canada; member of the State Board of Nurse Registration of Indiana

"Prenatal Influence" is a subject in which I have always been interested, and about which I have found very little written. I present it to you as I find it treated in our latest medical authorities.

Destined as woman has been from the foundation of the world to pass through this period of reproduction and parturition in order to propagate the race, child-birth should be regarded as an absolutely normal process.

It is a function for which woman has been especially designed. Her pelvic conformation, the provision allotted for the maintenance of her offspring after birth, her characteristic maternal instincts, all indicate the noble purpose for which she was created.

It has been found that in the human being gestation covers a period of 280 days, ten lunar months, or nine calendar months. Proper attention to hygienic rules should be observed by every pregnant woman.

1st. The diet should be nutritious, plain, and easily digestible.

2d. The clothing should be loose, with corsets and garters discarded.

3d. Gentle daily outdoor exercise, especially during the first six months, while the physical part of the child is rapidly developing; later on, when the mental faculties are rapidly developing, include mental recreation.

4th. Bathe daily in water neither too hot nor too cold, the bowels to move at least once daily.

Now, these precautions, as we see, are only following out ordinary

rules of hygiene. In other words, use common sense. If you want a healthy child, be a healthy mother; but Doryland says, in addition to these, avoid unpleasant and painful scenes or impressions, that the possibility of the production of some of the so-called maternal impressions may be prevented.

Maternal impressions or peculiarities in the mental or physical formation of the offspring, depending upon some mental shock or impression made upon the mother during pregnancy, are interesting phenomena that are not infrequently met with.

They are probably most common in the children of women whose nervous organisms are highly developed, but the exact nature of their production has not as yet been clearly demonstrated.

The phenomena as noted in the fœtus are generally referred by the family to some unpleasant occurrence, such as an encounter by the pregnant woman with some gruesome person or object, the hearing of some startling news, or the seeing of some tragedy, but how far the fetal condition is due to the maternal impression received at the stated time is a mooted question.

It is undoubtedly true that curious coincidents of the kind have been noted by men whose standing is such as to add much weight to their statements. Clinically, the effects of such *so-called* impressions upon the fœtus may be manifested in two distinct ways. In the one case there results a lack of the physical development and in the other a lack of the mental, although these two are frequently combined in one individual.

During the siege of Paris it is well authenticated that many pregnant women, terrified by harrowing scenes and experiences of that time, ultimately gave birth to feeble-minded children.

At best, the subject, though intensely interesting, is still largely within the realm of speculation, and nothing beyond the facts as just presented can be stated with any degree of authority.

The literature of this subject is deplorably poor, and it would be well were every case of supposed maternal impression accurately reported, the statement to include not only the exact anatomic and physiologic facts, but also whatever family history of heredity, maternal or paternal, might exist.

Gould and Pyle, in their "Anomalies and Curiosities of Medicine," say: "A curious fact associated with pregnancy is the *apparent influence* of the emotions of the mother on the child in the uterus."

There is a natural desire to explain any abnormity or anomaly of the child as due to some incident during the period of the mother's pregnancy, and the truth is often distorted and the imagination heavily

drawn upon to furnish the satisfactory explanation. In some countries the exhibition of monstrosities is forbidden, because of the supposed danger of maternal impressions. For this reason the celebrated "Siamese Twins" were forbidden to exhibit themselves for quite a period in France.

We will cite only a few of the most interesting cases from medical literature:

(*a*) Hippocrates saved the honor of a princess accused of adultery with a negro, because she bore a black child, by citing it as a case of maternal impressions, the husband of the princess having placed in her room a painting of a negro, to the view of which she was subjected during the whole of her pregnancy.

(*b*) Helidorus says that Persina, Queen of Ethiopia, being impregnated by Hydustes, also an Ethiopian, bore a daughter with a white skin, and the anomaly was ascribed to the admiration that a picture of Andromeda excited in Persina during the whole of her pregnancy.

(*c*) Kerr reports a case of a woman in her seventh month whose four-year-old daughter fell on a cooking stove, shocking the mother, who suspected fatal burns. The woman was delivered two months later of an infant blistered about the mouth and extremities in a similar manner as her sister. The infant died on the third day, and another child was born fourteen months later with the same blisters. In a subsequent confinement a healthy, unmarked infant was born.

(*d*) A case somewhat similar was reported to me by one of our local physicians. Mrs. A. was delivered of a child afflicted with spina bifida. Fortunately the child died. In her next confinement the woman bore a child similarly afflicted. This child also died. Mrs. B., Mrs. A.'s friend, who knew nothing of Mrs. A.'s trouble, gave birth to a child having the same deformity. Mrs. A. heard of this, and, being pregnant again, her suspense is better imagined than described. To everybody's satisfaction, and especially to her own, Mrs. A. at full term was delivered of a fine, healthy child, and both did well.

Strange as are the foregoing cases, those of paternal impressions eclipse them.

Several are on record, but none is of sufficient authenticity to warrant much discussion on the subject.

Hoare recites a curious story of a man who vowed if his next child was a girl he would never speak to her. The child proved to be a boy, and during the whole of his father's life nothing could induce the son to speak to his father, nor, in fact, to any other male person; though after his father's death he showed no distinction, and talked fluently to either sex.

The next example is that of telegony, the *alleged influence* of a woman's previous husband on her children produced by a subsequent one.

As a means of making the definition of telegony plainer by practical example, Brunton Blakie prefaced his remarks by citing the classic example which first drew the attention of the modern scientific world to this phenomenon.

In the year 1815 Lord Marton bred a male quagga to a young chestnut mare of seven-eighths Arabian blood, which had never before been bred from. The result was a female hybrid which resembled both parents. He sold the mare to Sir Gore Onsley, who two years after she bore the hybrid bred her to a black Arabian horse.

During the two following years she had two foals which Lord Marton described as follows:

"They have the character of the Arabian breed as decidedly as can be expected when fifteen-sixteenths of the blood is Arabian, but both in their color and in the hair of their manes they bear a striking resemblance to the quagga."

The President of the Royal Society saw the foals, and verified Lord Marton's statement.

Sir Henry Scott says dog-breeders know this theory of telegony well. Breeders of Bedlington terriers wish to breed dogs with as powerful jaws as possible, and in order to accomplish this, they breed the Bedlington terrier bitch first to a bull-terrier dog and get a mongrel litter, which they destroy. They then breed the bitch to a Bedlington dog, and get a litter of puppies which are practically pure, but have much stronger jaws than they would otherwise have had, and also show much of the gameness of the bull terrier—thus proving that physiological as well as anatomical characters may be transmitted in this way.

After citing the foregoing examples, Blakie directs his attention to man, and makes the following interesting remarks: "We might expect from the foregoing account of telegony among animals that whenever a black woman had a child to a white man, and then married a black man, her subsequent children would not be entirely black."

Dr. Robert Balfour, of Surinam, in 1851, wrote to Harvey that he was continually noticing among the colored population of Surinam that if a negress had a child by a white and afterwards fruitful intercourse with a negro the later offspring had generally a lighter color than the parents.

Taruffi, the celebrated Italian, in speaking of the subject says: "Our knowledge of this strange fact is by no means recent, for in 1608 Fienus said that 'most of the children born in adultery have a greater resemblance to the legal than to the real father.'"

Harvey said: "It has long been known that the children by a second husband resemble the first husband in features, mind, and disposition. It would seem as though the Israelites had some knowledge of telegony, for in Deuteronomy we find when a man died leaving no issue, his wife was commanded to marry her husband's brother, in order that he might "raise up seed to his brother."

"ANTE-NATAL PATHOLOGY"

We have next to deal with the diseases and accidents that affect the pregnant uterus.

The first disease to attract attention was smallpox. Devilliers, Blot, and Depaul all speak of congenital smallpox, in which the child was born dead and showing evidences of typical smallpox pustulation, with a history of the mother having been infected during pregnancy.

Maurice, on the other hand, reports of having delivered a mother of a healthy child at full term, with a history of having recovered from a severe attack of smallpox in her fifth month.

In 1878 Hubbard attended a woman whose child showed the rash of chickenpox twenty-four hours after birth and passed through the regular course of ten days' duration. The mother had no signs of the disease, but the children all about her were infected.

Nutter has observed the case of transmission of pneumonia from the mother to the fœtus, and has seen two cases in which the blood from the uterine vessels of the patient contained pneumococcus.

THE RESULTS TO THE FŒTUS OF INJURIES TO THE PREGNANT MOTHER

In some instances the marvellous escape from any serious consequences of one or both is almost incredible, while in others the slightest injury is fatal.

Guillemont cites a case of a woman who was killed by a stroke of lightning, but whose fœtus was saved.

Gibbs speaks of a woman about eight months pregnant who fell across a chair, lacerating her genitals and causing an escape of liquor amnii. There was regeneration of this fluid, and delivery beyond term. The labor was tedious. The mother and child did well.

There are some marvellous cases of recovery and non-interference with pregnancy after injuries.

Corey speaks of a woman of thirty-five, weighing 135 pounds, who was horned by a cow through the abdomen. She was lifted into the air, carried, and tossed on the ground by the infuriated animal. There was a

wound consisting of a ragged rent from the os pubis extending upward and to the left, through which protruded the omentum, the transverse and descending colon, and most of the small intestines. These organs remained outside the body three and a half hours, during which time the patient remained calm and conscious. Finally chloroform was given, and in twenty minutes the intestines were all replaced in the abdomen and the wound sewed up. The woman was placed in bed on her right side. The wound healed and she was up and out in twenty days. Incredible to relate, she was delivered in just 202 days of a well-developed, full term child. Both did well.

There seems in some cases to be no limit to what the pregnant uterus can successfully endure.

Tiffany quotes the account of a woman of twenty-seven, eight months pregnant, who was almost buried under a clay wall. She received terrible wounds about the head, thirty-two sutures being used. Subsequently she was confined, and easily bore a perfectly normal female child. Both did well.

However, all the cases do not have as happy an issue as the foregoing.

Gurlt speaks of a woman seven months pregnant who fell from a step ladder, subsequently losing some blood and some water from the vagina. She also had persistent abdominal pains. At her confinement, which was normal, a strong boy was born, wanting one arm below the middle, at which point the bone protruded. The wound healed, and the separated arm came away after birth.

Another case is related of a peasant woman of thirty-five, the mother of four children, and pregnant with the fifth, who was struck in the abdomen. She was thrown down and felt a tearing pain, which caused her to faint. It was found that the uterus was ruptured and the child killed.

And much simpler things than these, such as horseback riding, hurrying to catch a train, running up and down stairs, a railroad trip, or driving over rough roads—any one of these at certain stages is sufficient to produce either abortion or miscarriage, as the case may be.

In closing this subject I 'll quote from the New Testament:

"Who did sin, this man or his parents, that he was born blind? Neither hath this man sinned nor his parents, but that the works of God should be made manifest in him."

THE BOSTON FLOATING HOSPITAL, SEASON OF 1906

By JOSEPHINE HALBERSTADT

The nursing profession is doubtless familiar with the Boston Floating Hospital, but it may be interesting to give a brief outline of the work as done in this institution.

The Boston Floating Hospital is conducted like any other good hospital. It has a board of trustees, a visiting staff, an auxiliary staff, a resident physician, a house staff, several medical assistants, and between forty and fifty graduate nurses. It cares for and treats children under six years of age. There are six permanent wards, each containing sixteen beds, and a spacious deck, where the out-patient work is conducted. On this deck one hundred and fifty patients may be accommodated. In this out-patient ward the patients are brought by their mothers or caretakers, and stay for the day, going to their homes at night. The work in this department does, perhaps, not seem as satisfactory as in the permanent wards; but the mothers receive instructions regarding the food and treatment the babies are to have at night, and usually these instructions are followed quite faithfully.

The hospital boat makes daily trips down the harbor during the months of July, August, and September, thus covering those summer months which are so baneful to children, especially those under five years of age, and so dreaded by mothers forced by necessity to live in the tenement districts of the hot cities. Very likely it is impossible for us to fully realize what the Floating Hospital means to this class of people—for the majority of our patients come to us from these crowded tenement districts. 'Tis sadly true that many of these cases come too late for recovery. Frequently, however, one of these desperate cases recovers, and it is then that the work seems doubly worth while.

The complaints treated are mostly under the list of intestinal diseases, and although there are many others treated—surgical, tubercular, marasmic, etc.—the chief object of the Boston Floating Hospital is to treat the diseases so prevalent during the summer months.

The season of 1906 was to be an eventful one in the history of the Boston Floating Hospital. The new boat was to be in commission, and although there was some delay on account of a steel strike during the winter, it was hoped that it would be possible to start the season on the new boat, for which we had waited so long and patiently. But the date of its completion could not be definitely determined, and little patients



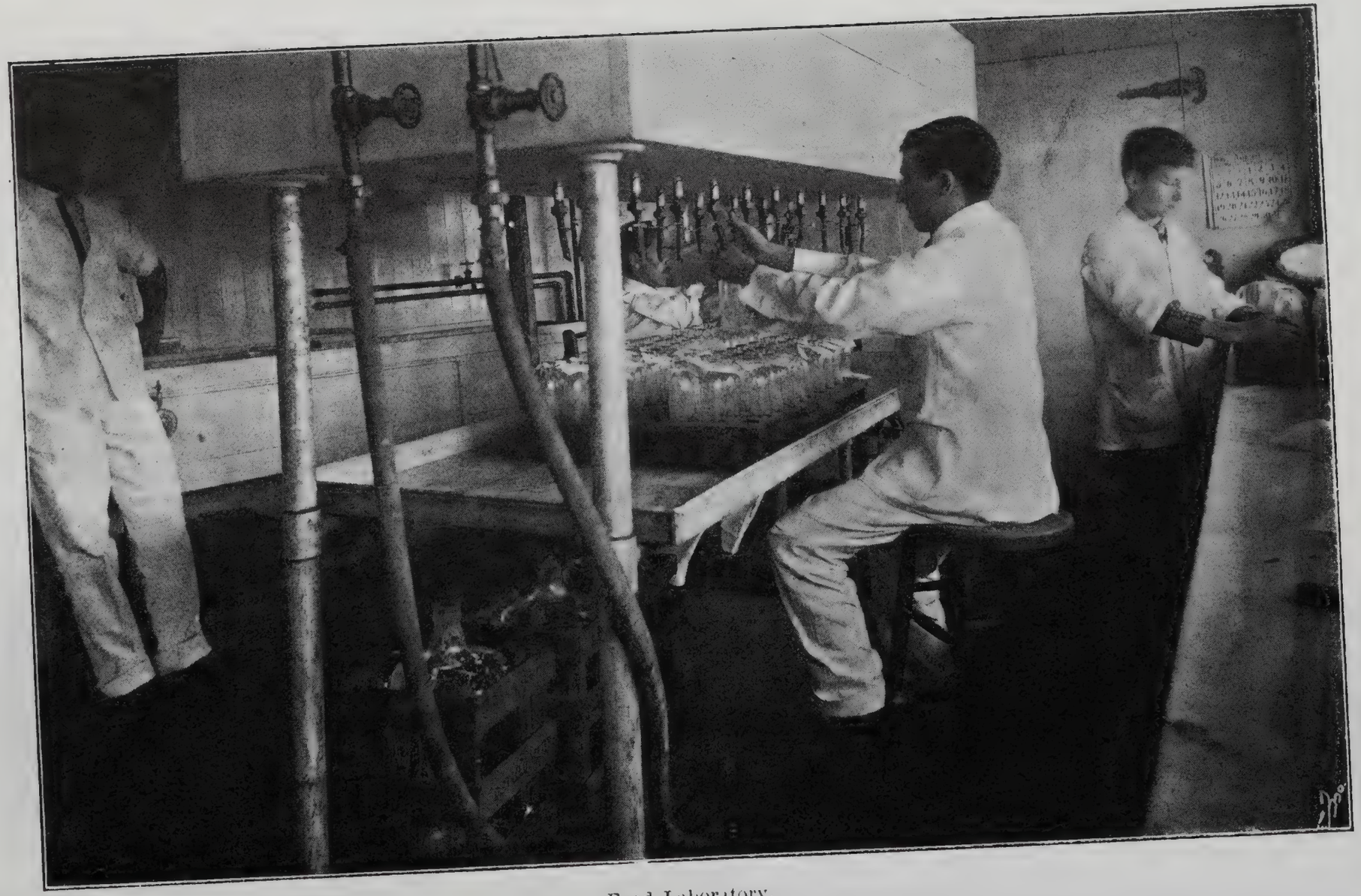
The New Boat.



On Deck.



The Ward.



Food Laboratory.

waiting to be admitted made it necessary to start the season on the old hospital boat (barge *Clifford*), so the first trip was made July 11. From the beginning the season promised to be a busy one, and although there was some disappointment when it was learned that the new boat could not be ready for some days, both the house staff and the nurses proved their willingness to help in every possible way, and showed the usual interest in their work—which at first seems hard, on account of its newness. The work is very different in comparison with usual hospital work, for the patients are very sick babies, most of them under two years of age. Needless to say that the work is very interesting, and, while tedious until one becomes accustomed to it, it is very fascinating and pleasant almost from the beginning. The spirit of congeniality is one of the Boston Floating Hospital features. Nurses from almost every state meet as absolute strangers, and are here offered an opportunity to give full scope to that broadness which nurses as a rule acquire, and in a very short time, working unitedly in this labor of love, a general feeling of good-fellowship is established.

This hospital offers a post-graduate course to nurses, lasting approximately ten weeks, and including eleven lectures by the visiting staff, instructions in the wards and food laboratory, an examination at the close of the season, and a diploma, the necessary requirements for the same being proficient ward work and a satisfactory mark on the written examination.

For the season of 1906 the nurses were organized as follows: Miss L. A. Wilber, superintendent (address 362 Commonwealth Avenue, Boston); Miss C. A. Brown, night matron; four Boston Floating Hospital graduates who acted as head nurses, and thirty-eight nurses taking the course.

The following received diplomas: Lucie E. Bartram, Elizabeth General Hospital, Elizabeth, New Jersey, 1906; Marion A. Burns, Lutheran Hospital, St. Louis, 1903; Dora B. Batson, Parker Memorial of State University, Missouri, 1905; Jane Callaghan, St. Luke's, Duluth, Minnesota, 1903; Minnie L. Campbell, Springfield Hospital, Massachusetts, 1902; V. Florence Dunbar, New Hampshire Memorial Hospital, Concord, New Hampshire, 1906; Daisy D. Davis, Danville Hospital, Danville, Illinois, 1900; Sarah A. Egan, Brooklyn Homœopathic, 1899; Lena E. Fisher, Westboro Hospital, 1906; Ida Farmer, Mary Fletcher Hospital, Burlington, Vermont, 1903; Frances M. Hostetter, St. Joseph's Hospital, Lancaster, Pennsylvania, 1905; Mary Louise Haynes, Mary Fletcher Hospital, Burlington, Vermont, 1902; (Mrs.) Mary A. Haines, City Hospital, Harrisburg, Pennsylvania, 1904; Lydia B. James, Far-

rand T. S. Harper Hospital, Detroit, Michigan, 1905; Elise A. Jecko, Garfield Memorial, Washington, District of Columbia, 1905; Caroline E. Kineriem, St. Barnabas Hospital, Minneapolis, 1902; Annie F. Lockhart, Chipman Memorial Hospital, Canada, 1904; M. Gertrude Murdock, Fall River Hospital, Massachusetts, 1899; Anna F. McDerby, New Hampshire Memorial Hospital, Concord, New Hampshire, 1906; Sally A. Pew, Bishop T. S. House of Mercy, Pittsfield, Massachusetts, 1905; Elizabeth Paul, St. Joseph's Hospital, Lancaster, Pennsylvania, 1905; (Mrs.) Emma Richardson, Lynn Hospital, Massachusetts, 1903; Grace Snively, Farrand T. S. Harper Hospital, Detroit, Michigan, 1905; Marion B. Story, Bishop T. S. House of Mercy, Pittsfield, Massachusetts, 1898; Minnie E. Surbray, City Hospital, Akron, Ohio, 1905; Mary Tasman, Lynn Hospital, Lynn, Massachusetts, 1903; Sara Cameron Watts, City Hospital, Cortland, New York, 1905; Gertrude Holmes, Newton Hospital, Massachusetts, 1905; Cecelia Lemner, Carney Hospital, Massachusetts, 1906; Florence B. Hinckley, Adams Nervine, Jamaica Plain, Massachusetts, 1906; Beatrice H. Mack, W. C. C. Hospital, Boston, Massachusetts, 1906; Marie R. Henchman, City Hospital, Albany, New York, 1904; Alice C. McArdle, Grant Hospital, Columbus, Ohio, 1903; Anna M. Streamer, State Hospital, Buffalo, New York, 1895; Mary E. Cummings, State Hospital, Concord, New Hampshire, 1906; Margaret N. Reilly, St. Vincent's Hospital, New York, 1906; Maud W. Miller, Homœopathic Hospital, Pittsburg, Pennsylvania.

This season was an unusual one in many ways. The weather was very favorable, there being but two days during the season when the usual trip down the harbor was prevented on account of heavy fogs.

August 14 was to be "moving day," for the new boat was now ready for occupancy. The *Clifford,* which had served as a hospital for twelve years, was to be deserted, and although we were indeed grateful for the beautiful new boat, we could not help feeling somewhat sad to leave the old one, with which we associated so many hours, both arduous and pleasant. The packing was done during the day, and the babies were given numbers designating the ward and bed to which they would be transferred. Everything was put in readiness, so that when Doctor Hastings's order came "to move" there would be as little confusion as possible.

The *Clifford* made its last trip down the harbor on this day, returning rather earlier than usual. At 3 P.M., when nearing East Boston, we saw the new Boston Floating Hospital leaving the Atlantic Works, and being towed over to North End Pier, Boston, which was to be its new abiding place. No doubt we all gave a silent cheer, for she presented

a beautiful spectacle indeed, in her snowy white robe and decoration of flags. The *Clifford* was towed alongside, and when Dr. Hastings said "go ahead," in less than one hour every patient was in its new home, and also many new ones, who had been waiting to be admitted, for there were not beds nor room enough on the *Clifford* to supply the demand, especially during August, when the weather was very oppressive. In a few days all the available beds found occupants, and even then, with all these extra beds for permanent patients, there were not enough to meet the demand, and it became necessary to form a permanent ward on the out-patient deck. This ward contained thirty patients, making a total of one hundred and thirty permanent patients, and many days one hundred day-patients in the out-patient department, so the new boat was immediately taxed to its utmost capacity, surely proving its urgent need.

On August 15 the new Boston Floating Hospital made its initial trip. It was indeed a gala day. Every boat saluted us, many going out of their way to pass us, and we were justly proud of our beautiful new vessel, the first and only one ever designed and built for a hospital boat.

The season closed September 15th, when patients in fair condition were sent to their respective homes, and cases where this was not considered advisable were transferred to hospitals. September 17, 18, and 19, the new boat was thrown open for public inspection. Visitors were welcomed by Manager Briggs and some of the physicians and nurses, they in turn conducting parties through the various wards, operating-room, treatment room, pharmacy, laboratories, dining-rooms, kitchen, and store rooms. Questions were willingly answered, interesting features pointed out, and explanations given concerning the work of the floating hospital. There were over 1300 visitors in these few days, the same including many prominent people of Boston and its vicinity. All seemed very much pleased, some proving their interest in a substantial way, and the universal opinion expressed was to the effect that this is a noble work which is carried on so faithfully on this White Ship of Mercy.

Exercise both muscles and mind, then note results.

We should be trying to find out not in what we differ from other people, but in what we agree with them.—*Ruskin.*

OPERATING-ROOM PROCEDURES

Compiled by KATHARINE DeWITT

PREPARATION OF SUPPLIES, ETC.

A pamphlet written by Dr. A. J. Ochsner, of Chicago, on Requirements for Aseptic Surgical Operating, gives some suggestions which nurses not directly in touch with modern surgical methods may be glad to see in a modified form as an introduction to the question of supplies.

When training-schools were first established, the operating-room was a field for practice, through which the doctors and nurses moved with the same regularity with which they went through the wards. The interne and head nurse might each be on duty there for three or four months, when they were changed, as in other parts of the hospital. The results under this system were not as good as those obtained where the operating-room force is more permanent in character. In most of the hospitals to-day, the surgeon's chief assistant occupies his position for a much longer period of time. The chief surgical nurse is almost always a graduate, and her position is permanent. The pupil nurses work under her and assist her, but she alone touches anything which comes in direct contact with the wound. Rubber gloves and dressing-forceps are used very largely, and as these can be made more thoroughly clean than the hand of a human being, the dangers from infection are by so much lessened. Dressings, towels, sponges, sheets, etc., are sterilized in cases which are not opened until the contents are needed. Those who stand directly over a patient during an operation are careful not to breathe or speak into the wound. Wherever it is possible, the work is so systematized that clean cases come first, and suppurative ones afterward, whether for operation or dressing. A surgeon now rarely spends a morning in dressing miscellaneous wounds, turning to operations in the afternoon. In all contact with pus, the rule to be observed is not to let it touch the hands. It is better to avoid contact with it than to do ever so much scrubbing afterward. Dressing-forceps and rubber gloves are a great help here.

A number of representative hospitals have been asked to give the Journal the methods used by them for the preparation of surgical supplies. Some have not responded, but many have been most generous, giving even more than was asked, so that we have full lists to present. Where methods are identical or similar we shall not give all in detail.

Let us begin with the preparation of the patient.

Disinfection of the Patient.—1. Augustana Hospital, Chicago. He receives a full warm soap and water tub-bath on the day before the operation. For the disinfection of his alimentary canal he receives two ounces of castor oil in the foam of beer directly before taking his bath, and a large warm-water enema on the morning of the operation, except in case of operations upon the rectum. In these cases the enema is given on the evening before the operation.

On the evening before the operation the skin over the seat of operation is thoroughly scrubbed with green soap and warm water, then shaved, then scrubbed with strong alcohol, then a moist dressing of gauze saturated with a 3 per cent. carbolic acid solution is placed over the field of operation; over this a large covering of absorbent cotton held in place with a gauze bandage completes the dressing. Just before the operation this dressing is removed and the surface again scrubbed with strong alcohol.

2. Montreal General Hospital. The night before the operation, the patient is shaved, a green soap poultice is applied for twenty minutes, and is then washed off. Formaline towels are applied every four hours. In the surgical operating-room, the patient is again scrubbed with green soap and water, sterile water poured over, and washed off with ether and sublimated alcohol, 1–2000.

3. Syms Operating-Room, Roosevelt Hospital. The bichloride dressing is removed by a nurse. The area is first washed with green soap (made by taking one tablespoonful green soap jelly to one quart water and boiling it), using a small sterile towel to scrub with. The soap is rinsed off with sterile salt solution, then a gauze sponge, wet with 1–1000 bichloride with alcohol, is used to wipe over the area of operation, and, lastly, 1–1000 bichloride is poured over.

Preparation of the Operator and Assistants.—1. Montreal General. I. Remove all rings. II. Thoroughly wash the hands and arms (including elbows) with warm water and sterile nail-brush and soap for five minutes, paying particular attention to cleaning finger-nails. III. Pass hands and arms through mercuric bichloride solution, 1–2000. IV. Sponge hands and arms thoroughly with alcoholic bichloride, 1–2000. V. Avoid touching any object which is not absolutely sterile.

2. Augustana, Chicago. At the present time we wash our hands in an ordinary deep porcelain basinful of warm water, using green soap, with a moderately stiff brush; then we carefully cleanse the finger-nails with the point of a dull scalpel; then we scrub them once more with a brush, and then with a piece of sterilized gauze in the deep basin,

because the gauze seems to rub off all the loose epithelium more perfectly than a brush; then we wash off the soap under the faucet in a stream of warm, boiled water; then we wash in 1–2000 corrosive sublimate solution for a few moments, and then with strong commercial alcohol.

3. Royal Victoria Hospital. Scrub thoroughly with stiff brush, green soap, and warm running water for five minutes. Immerse in potassium permanganate till of a deep mahogany color. Decolorize in sulphurous acid, 25 per cent. Soak in perchloride, 1–1000, from three to five minutes, sufficiently to remove all acid.

4. Syms Operating-Room. Scrub for five minutes with green soap and hot running water. Rinse off in hot running water. Make a paste of lime and soda, rub over hands and arms. Rinse in sterile water. Immerse in 1–1000 bichloride two minutes.

Preparation of Instruments.—1. Syms Operating-Room. Boil in 1 per cent. soda carbonate solution for twenty minutes. Knives are soaked for fifteen minutes in 1–25 carbolic solution, or three minutes in 95 per cent. alcohol.

2. Lying-in Hospital, Chicago. After scrubbing, the instruments are rinsed in a hot 1 per cent. lysol solution, and dried. Stains are removed with sapolio on a moist cloth.

3. Royal Victoria. Wash thoroughly with cold water. Boil for five minutes in a 1 per cent. solution of sodium carbonate. Then scrub with a stiff brush, ammonia, and sapolio. Take all instruments apart and be careful not to wrench them in putting together again. Scrub all forceps transversely and dry from hot water to prevent rusting.

4. Augustana. All instruments, except knives, are boiled for a half-hour in a solution of a tablespoon of baking soda to a quart of water before they are put away for operating, and again before they are used. The knives are washed carefully with water and then rubbed with pads of sterilized cotton, saturated with alcohol, before and after using.

5. Presbyterian, Chicago. Scissors are boiled but five minutes in the soda solution. Scalpels are left in 95 per cent. carbolic, sixty seconds.

Preparation of Silks.—1. Augustana. Boil in water one hour, and preserve in 5 per cent. carbolic in water or in strong commercial alcohol until used.

2. Cook County Hospital, Chicago. Silk and linen thread are sterilized with the gauze. Wind on glass slides, wrap in oiled paper, place in an envelope, and put in the sterilizer.

3. Johns Hopkins Hospital. Silk to be cut in lengths 40 cm.

Six strands to be wound on glass reels, placed in tube, and sterilized for half an hour, once only, one reel in each tube.

4. Lakeside Hospital, Cleveland. Silk is bought from local supply-house, is wound on glass reels, and put in glass tubes, with a layer of non-absorbent cotton between each reel and the non-absorbent cotton stopper. Sterilize in the autoclave half an hour. Linen thread is being used as much as the silk, and it is put up and sterilized in the same way.

5. Lying-in Hospital. Wash in hot water with tinct. green soap. Boil in 1 per cent. lysol solution thirty minutes. Rinse thoroughly in sterile water just before use.

6. Syms Operating-Room. Wind on small glass reels, place in tubes cotton plugged, sterilize one-half hour at twelve pounds pressure on two days.

To be continued.

NOTES ON THE TREATMENT OF PULMONARY TUBERCULOSIS *

By GEORGE W. GOLER

Health Officer; Attending Physician, Municipal Hospital for Tuberculosis, Rochester, New York

The present aim in the treatment of pulmonary tuberculosis is to raise the defensive powers of the body, until we obtain a serum that shall have sufficient antitoxic and bactericidal powers to artificially increase those defenses. How shall we raise the natural defenses in the body? We cannot do it by iron or digitalis, nor by the use of oils and malts or hypophosphites. Of what particular value are these or any other medicinal measures in the treatment of pulmonary tuberculosis? Do they increase the body defenses? Have they any effect upon the dense envelope of the biologically active tubercle bacillus or upon its products? Can it be said that in any way they raise the natural defenses of the body as we now understand them? The most ghost-like faces of patients affected by pulmonary tuberculosis look out from dusty occupations in grimy work-shops; from the rooms of high-priced tenements they cry out for relief. Do these people take drugs when they need air, malt and oils when they can hardly afford to buy butter? Are they directed to exercise when they should have rest? What is there

* Reprinted from the *Journal of Outdoor Life.*

that can so increase the natural antitoxins in the body as air and sunlight, food and rest and freedom from dust? Are not these of more value than all else in the treatment of pulmonary tuberculosis? Must they not be our main reliance until we get an antitoxin serum of high defensive power? And when we get a serum, must not even the serum be secondary to these? If we had to-day a serum whose antitoxic or bactericidal powers, or both, would increase the defenses of the body against tubercular disease, would we be much better off so long as our people live under such conditions as those which help to make tuberculosis?

And if we were really to influence this disease markedly by the use of an antitoxin, would we not raise a barrier against one disease only to allow some other disease to come in as the penalty which many must pay for too much civilization? These are some questions which we must ask ourselves, and to which as a people and as a profession we must soon give an answer.

But the resisting power of the individual—how to increase that? Must we wait until tubercular disease has made its attack before we increase that individual resisting power? Do we as a profession recommend that our child patients have their tonsils and especially their adenoids removed, so that these possible portals of infection may be closed? Do we ask that our little patients go to the dentist, not that their teeth be filled or extracted, but that they be regularly and systematically cleaned, and thus saved? Do we explain to mothers and fathers the effect of mouth breathing on the teeth, and do we tell our patients who employ us and trust us all the late remote effects of mouth breathing upon the teeth, and the effects of the decay of the teeth upon the decay of the whole organism? Later, when post-nasal obstructions have given rise to fixed changes in the upper air passages and in the teeth, and these have so combined as to produce nutritional changes in the whole body, then, even then, is our attention directed to that care of the upper air passages, of the mouth, and of the teeth, that the organism with its lessened resisting power demands? A well patient must breathe and chew to live. How much more necessary is it that a sick patient should properly aerate his tissues and should properly masticate his food in a clean mouth and with clean teeth. In the past eighteen months I have examined about one hundred and fifty patients with more or less evident tuberculosis, and in about two per cent. of the cases have the teeth been moderately clean. Most of these patients had mouths that were foul beyond description. Nearly all of them had been under treatment for pulmonary tuberculosis from several months to one or two

years. One patient who had been in a well-known sanatorium for several months had a collection of salivary salts bacteria and other stuff on his teeth, in places a quarter of an inch thick. Few of these patients have ever regularly used a tooth-brush.

Nasal obstruction, hypertrophied tonsils, and untreated chronic nasopharyngeal disease were found in a majority of the patients examined. Now, all of these patients had been taking medicine of some kind, and yet with dirty mouths and obstructed nasal cavities only a small percentage of them had been directed by their physicians to sit out of doors, to sleep with their windows open, or to systematically use a tooth-brush.

Many patients coming to the Municipal Hospital, complaining of nausea, vomiting, loss of appetite, constipation, wakefulness, and the other symptoms associated with pulmonary tuberculosis, were relieved by air and food and rest, with occasional doses of cathartic medicine. In the absence of chronic gastric catarrh, requiring lavage, thoroughly cleaning the teeth at the dental clinic usually relieved the nausea, the vomiting was lessened and finally ceased altogether. Life in the open air day and night, rest when the temperature and pulse are above 100, graduated exercises, beginning with a few minutes each day, attention to the teeth, nose, and throat, and the administration of cathartics, are the things that produce results in the treatment of pulmonary tuberculosis.

The treatment of pulmonary tuberculosis to-day is the treatment that I have outlined, together with that discipline which enforces the strict habits of life. Such treatment has for its object the increase of defensive organisms within the body. Some day, very soon, these natural defenses may be aided by an antitoxin, but when the antitoxin comes the results obtained from its use will be secondary to such treatment as I have herein described.

The treatment of tuberculosis can never degenerate into, nor can it ever be successful through, merely squirting a serum underneath the skin, without that regard for general and personal hygienic conditions which pulmonary tuberculosis demands.

THIRTY additional physicians have recently been appointed as school inspectors in Boston, making a total of eighty.

A TYPHOID CASE

By ISABEL NEEDHAM

Graduate of Illinois Training-School

I GIVE some recollections of fourteen weeks spent with a patient very sick with typhoid, in a country place, with the doctor far away.

When I arrived I found the patient had had a hemorrhage the week before, and had been given a subcutaneous transfusion. The doctor told me that the symptoms indicated meningitis.

The sick room was cool and clean, with a mild light, and was arranged very nicely. Tossing and rolling on the bed, with staring eyes and a constant muttering; lay my patient. His pulse was 120, his temperature 104° F. I gave diet every two hours, milk or fruit juice, and sponged for temperature. His pulse was of fairly good quality, though rapid, and he took and retained his nourishment. This was the history of many days and nights—no sleep and that restless tossing. Narcotics seemed to give no rest.

After many weeks the heart began to fail, and digitalis was given. One night his temperature went up to 105°, and would not be reduced by ordinary means. Finally, I put each foot in a hot pack, and, having induced perspiration by this means, kept it up by warm drinks and hot blankets. The temperature came down, and by noon the next day was only 100°. At evening I lay down to sleep, asking to be called in one hour, and sooner if there were any change. A gentle shake and the words, "John seems so cold, and we don't know what to do," roused me. I ran to the bed, and he certainly was "so cold" and very weak, with only a flutter of pulse at the temple and wrist. I gave stimulants, all the time putting hot flannels on and changing them. I wanted to give him some warm milk, and as he seemed too weak to draw it through the tube, I siphoned it into his mouth with some rubber tubing. (I had used this instead of a glass tube during his delirium, fearing he would bite the glass.) After working over him for four or five hours, I could count the pulse, though it was still far from regular. This was the turning-point of the fever. The heart seemed to be so worn out that we almost despaired; but watched, and prayed, and gave one drop of digitalis in six hours, and pushed the diet, and finally felt sure we were gaining.

During this time the patient had grown very thin, and a necrosed

place appeared on each hip and on the back. He could not lie on either side or back, now that consciousness had returned and the pain could be felt. I used newspaper bed-pans, made by taking many thicknesses and rolling under to make a rim. I made cotton cushions like rubber rings, only larger or smaller as I found would be more comfortable. His diet now became a subject of interest to him. I gave eggs, jellied, and all the usual soft foods; then bacon, cooked till nicely crisp, and with the lean lines cut out; then well toasted bread, several days old; then broiled quail. Beef-steak came next, and as he was very fond of this, I soon gave him steak three times a day, with apples and (I almost fear to say) candy between, with jellied eggs at midnight. The heart action improved slowly, but for several weeks we had to save every bit of energy and strength we could. His mental faculties returned very gradually. He had had strychnia for such a long time, and his limbs had become so stiff, it seemed almost impossible for me to straighten them, and an utter impossibility for him to. For this stiffness I tried massage with oil from pigs' feet, prepared by cutting the toes off pigs' feet, and boiling them until the oil was extracted. It is a very soft, fatty oil, and smells something like lard. This I used very freely, and the result was all we could desire.

He began to ask to get up, and as soon as his heart was strong enough, I fixed a well padded chair, had him put both arms around my shoulders, picked him up as one would a child, and put him in the chair. He would soon tire, and so I tipped the chair back until he was practically lying down with his feet elevated. In this position he would sometimes sleep from half an hour to two hours, and as it relieved his back somewhat, I would often put him into the chair forenoon and afternoon, and sometimes during the night, when sleep would not come to the tired eyes in any other way. On nice days I would pull the chair out on the porch for a few moments, lengthening the time, as he could bear it, to fifteen or twenty minutes. These little outings were looked forward to and added much pleasure to the trying time of his convalescence.

As soon as he could sit up an hour, I took him out in the carriage each day that it was dry, and I could see a daily improvement in his condition.

When the task of learning to walk confronted us, his wife would get on one side and I on the other. He would put an arm around each one's neck, and in this way he did not have to bear much weight on his limbs.

I found sun baths conducive to his progress. As early in his convalescence as his heart would permit, we carried him into another

room, where there was a large double window to the south, and there seemed to be a marked improvement after each exposure to the warm, invigorating rays.

With a prospect of health and usefulness for my patient, it was with true thanksgiving in my own heart that I bade good-by to an unbroken family circle, and their gratitude fully repaid me for the many weary hours I had spent over my patient's bed, when not an encouraging symptom could be found.

THE SOOTHING EFFECT OF THE "LONG NEUTRAL BATH" ON AN IRRITABLE CHILD*

By MARION CRAIG POTTER, M.D.
Rochester, New York

It is a theory sufficiently proved by experience that irritability and unreasonableness in a child are caused by its being tired and needing rest. Often, but not always, such a condition can be met and the child's temper controlled and spirits restored by compulsory rest. The late afternoon is a trying time for a child, especially one who has just outgrown the afternoon nap. This is also an impracticable time of day for a child to lie down. It may be sleepy, but instinctively resists sleep by every method its ingenuity can devise. In summer the room is warm, and the child, if forced to lie down, tosses and tumbles, and when it succumbs and is quiet, it is from sheer exhaustion. At the evening meal the child does not relish his food, and appears weary and uncomfortable until bedtime.

After working on this theory of rest cure for some time with varying results, it occurred to me that in case of a patient who seemed to feel as the child acted, a "long neutral bath" had always given relief.

As an experiment such a bath was given a child who was in a very resistive frame of mind. When placed in the water his spirits rose immediately, he called for his rubber balls and his boats, and was soon his old happy self, sailing the ocean. At the end of a half-hour he was full of play, and came to dinner with a smiling face and good appetite. At bed-time he dropped off into a quiet sleep.

The next time that the child showed signs of being abnormally unreasonable, and would respond to no diversion, he was hurried off to the bath before the nerve storm had reached its full force. Visions of

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* Reprint from the *Hospital Review*, November 15, 1904.

a long swim in his bathing suit, with his balls and boats and water wings, looked very attractive to him. His little brother pleaded to have on his bathing suit and join in the bath, and they were soon two jolly little sailors.

The bath thermometer was one of their boats, and they took great pride in helping keep the water the right temperature. Not long after, a young mother asked me what to do for her little Marjorie, when she was cross. My original theory of rest cure brought the response, "Put her to bed?" "She will not stay there." Then it was proposed to lock the door, to which she answered, "She kicked out one of the panels." The long soothing bath seemed applicable to the case, and advice was given to try it. The mother told me the results were most happy.

Another patient exclaimed that such a bath was "heavenly," and she would never feel so nervous again, for she would know now just what to do to prevent it.

In this short article we can only state a few facts, and cannot go into the scientific consideration of what is known in the medical world as the "neutral bath."

The skin is full of little terminal nerves, all connected with main nerves like a system of telegraph wires. In case of undue excitement, the circulation is increased and the activity of every nerve seems to be reinforced a hundred-fold. In the "long neutral bath" we have a potent remedy which is immediate, direct, and always soothing in its effect, without any damaging influences. This result is obtained through surrounding and protecting these myriads of little over-sensitive nerves by immersing the body in water near its own temperature, and thus almost entirely shutting away from it a variety of aggravating influences.

The bath restores the nerve tone by decreasing the heart's action and checking the loss of energy. In about fifteen minutes in a bath at this temperature, perspiration is suspended, so that water accumulates in the tissues about the little nerve endings. In this way the nerves of the skin become water-soaked, as it were, and the sedative effect is carried back to the nerve centres, producing a general soothing influence. Muscular irritability is quieted, and permanent good is done the whole system.

An anæmic or bloodless skin is more sensitive than a healthy skin, and a fretful, delicate child should be benefitted by frequent treatment of this character. To secure the desired results, the "neutral bath" must be prolonged at least twenty to forty minutes, the temperature of the water accurately sustained between 92 and 97 degrees F., and the child kept in the house for an hour afterward.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

EXPERIMENTAL SYPHILIS.—The *New York Medical Journal,* in an abstract of an article in *Roussky Vratch,* says: "Tchlenoff presents a very complete review of the research on syphilitic infection, immunization, etc., conducted since the discovery of the *Spirochæta pallida* by Schaudinn. The conclusion he draws from a study of this mass of research which has accumulated within the past eighteen months is that very probably a serum will be discovered with the aid of which one can accurately diagnosticate the disease. He believes with Hoffman that now that the *Spirochæta pallida* has been found we should go on experimenting upon the less susceptible animals—the young pig and the young horse, especially. Although the experimental material on monkeys is still scanty, there is no doubt that the clinical era of syphilis has ended and that the bacteriological has at last dawned. With this new phase lie all our hopes for the future. As Neisser said at the Lisbon Congress: 'I regard it as the highest fortune of my advanced life that I can once more begin to work upon a question of such enormous social interest, and no one feels more than I how thankful we must be to those benefactors of humanity—Metchnikoff, Roux, and Schaudinn.'"

VOERNER'S CARBOLIC ACID TREATMENT OF EXTERNAL AFFECTIONS.—The *Journal of the American Medical Association,* quoting from a foreign contemporary, says: "In case of a bubo or furuncle, if it is still hard, it is painted with pure carbolic acid, applied on a cotton-wound toothpick, in a strip from 0.5 to 1 cm. wide. The application is repeated daily for a few days until the skin peels off. After an interval of a few days, if the bubo has not retrogressed, the procedure is repeated daily. If there is fluctuation, the bubo is evacuated and the cavity swabbed with pure carbolic acid. This is repeated every second or third day until the cavity granulates, when salve or iodoform gauze is applied. Furuncles are treated with a mixture of nine parts carbolic acid in one part alcohol, applied externally, or the interior is swabbed

out. Care is necessary not to allow the carbolic acid to spread to the surrounding sound skin. A single application generally aborts or cures a small furuncle. The application of the concentrated carbolic acid in the same way cured also in cases of ulcerative and aphthous stomatitis, felons, and glandular processes in the experiences related by Wolff."

Increase of Morning Temperature in Certain Phthisical Cases After Using a Hypnotic.—Sabourin (*Journal de practiciens*) has observed that, when a hypnotic is given to phthisical patients their temperature is as a rule elevated a degree or more the next morning, and this may persist for the greater part of the day. He attributes it to the sleep rather than to the drug employed. The physiological dilatation of the peripheral vessels which accompanies sleep and is favored by the warmth of the bed-clothing is exaggerated by the drug, which also may retard the restoration of the circulation to its equilibrium.

The War Against Quackery, says *American Medicine,* is now to be systemized—individual efforts are too feeble, but have been useful like those of the prophets. A national society has been in process of organization since last spring, chiefly through the efforts of Mr. C. S. Andrews, counsel of the Medical Society of the County of New York, and it is already supported by a large number of medical and charitable societies. This is a most desirable consummation. The society deserves the active support of every physician in the land in the interests of public health. Not only is the quack to be prosecuted, but war is declared upon patent medicines, adulterated foods, and the newspapers which advertise the frauds.

Painless Labor.—The *Medical Recorder,* as quoted by the *Medical Record,* says: "E. Lamphear describes his method as follows: When labor has progressed to the stage when the os uteri is well dilated and the pains are becoming distressingly severe a hypodermic injection of one-quarter of a grain of morphine and one-hundredth of a grain of hydrobromate of hyoscine may be given; in one hour the forceps may be applied and labor completed without any pain whatsoever, even though the perineum be lacerated and sewed up. There need be no hurry—the perfect analgesia will last for hours. If the patient is not asleep at the expiration of the hour after injection a few drops of chloroform may be given by inhalation—a dram at most usually putting the patient

into a profound sleep of some hours' duration. There will be none of the nausea of prolonged ether or chloroform narcosis, no increased danger of post-partum hemorrhage (as after chloroform), and no necessity for a skilled assistant to give the anesthetic."

General Anæsthesia Per Rectum.—The *New York Medical Journal,* in a synopsis of a paper in *La Presse Médicale,* says: "Vidal has devised an ingenious apparatus for the rectal administration of ether to induce general anæsthesia. He considers this method indicated in all operations in which asepsis is endangered by the proximity of the anæsthetist when the anæsthesia is induced in the usual way, and when there is disease of the respiratory organs. It is contraindicated by the presence of intestinal disease, such as tumors, chronic inflammation, or hæmorrhoids."

Duration of Immunization After Injection of Diphtheria Antitoxin.—The *Journal of the American Medical Association,* quoting from *Jahrbuch f. Kinderheilkunde,* says: "Sittler states that the protection conferred lasts for three or five weeks or more when the immunized children are not in frequent contact with diphtheria patients or convalescents. When they are with them constantly the immunization cannot be relied on for more than from ten to fourteen days. Catarrhal affections of any kind and injuries of the mucosæ afford a strong predisposition for diphtheria, even in immunized children, which is able at times to shorten materially the period of protection conferred by the injection of antitoxin. After diphtheria plus injection of antitoxin, the child is liable to contract the disease again if opportunity offers as soon as after injection of antitoxin alone. General exanthemata resembling scarlet fever, even when they run an afebrile course and the throat is not much affected, must be regarded as genuine scarlet fever in the majority of cases. It is wiser to take proper measures for isolation rather than to submit the child to repeated injections of diphtheria antitoxin, for fear of developing the phenomenon of "anaphylaxis" or oversusceptibility. The communication issues from Koht's pediatric clinic at Strasburg."

Need for Repose After Meals.—The same journal, in an abstract of a paper in *La Presse Médicale,* says: "Martinet summarizes his conclusions in the statement that in vigorous health there is enough blood to attend to both digestion and exercise of other organs. On the other

hand, if the organism is debilitated from any cause, the blood attending to the task of digestion leaves the other organs with such a scanty supply that they should not be called on for any work at this time. Nature announces this by lassitude and somnolency. Whether rest is needed after eating is thus an individual matter, although it is well to advise against a nap after dinner in case of heart disease, arteriosclerosis, obesity, or a tendency to apoplexy. Persons in this category should rest before eating."

THE TREATMENT OF RECENT WOUNDS WITH BANDAGES DRIED BY HEAT.—The *Journal of Surgery,* quoting from a paper in a German contemporary, says: "The author, E. Asbeck, a German surgeon, made a trip as ship's surgeon on a crowded coolie-ship. The coolies suffered from many burns as the ship's motion spilled their hot rice soup upon their nearly naked bodies. As bandages were scarce, a single dressing was used, and immediately after the dressing the wounded part was exposed to the tropical sun or to the heat of the ship's furnaces until completely dry. It was found that a single dressing usually sufficed and no suppuration occurred.

"Since then the author has had the opportunity to use the same method in over five hundred cases of fresh injuries at Professor Bier's clinic, with almost uniform success. The wound is not irrigated, nor the surroundings cleaned, unless of coarse macroscopic dirt. A piece of xeroform gauze is put on the wound, burn, or other injury, and then a dressing and bandage. At once the affected part is exposed to the heat —as, for instance, the boiler fire of a factory, the home stove, or even the Bunsen flame of the doctor's office for small surfaces, until the wound and bandage are thoroughly dried. The good results are partly due to the fixation of germs in the neighborhood, the acute hyperemia induced, and the sealing of the wound surface against outside infection."

THE PHYSIOLOGICAL LIMITATIONS OF RECTAL FEEDING.—The *American Journal of the Medical Sciences* has a paper on this subject by D. L. Edsall. He states that the limitations of this method as a means of furnishing food, not its therapeutical limitations as a means of combatting symptoms, are very narrow. Those who are thus fed lose in general nutrition and lose in weight. The fact that the patient himself feels better for this form of treatment is not evidence that he has improved in nutrition, though it may mean that the disease which has suggested this treatment has ameliorated. The amount which may be

absorbed in twenty-four hours under favoring conditions is the equivalent in nutriment of one glass of milk. The chief advantages of rectal alimentation consist in furnishing mental satisfaction, water, and salts to the body, and to this extent it furnishes a direct and positive gain. As to the food substances, the protein, fats, and carbohydrates, all are absorbed by the lower bowel, but far less freely than when taken by the mouth. In cases in which there is troublesome vomiting or any other transitory cause rectal alimentation is most important, but it should be employed only so long as may be required by the conditions affecting the usual channel for food. Intestinal putrefaction has been observed to be excessive when the use of the rectum for feeding is prolonged.

THE ACTION OF QUININE ON THE AUDITORY NERVE.—The *Journal of Laryngology,* as quoted in the *Medical Record,* says: "Dundas Grant declares that quinine causes congestion of the labyrinth, and also notes that the tinnitus caused by this drug can be quieted by compression on the vertebral arteries. This has the effect of diminishing the pressure in the basilar artery, its branches in the internal auditories, and thereby in the vessels of the labyrinth. This compression may be made in the suboccipital region, the thumb and finger of one hand being placed in the hollows behind the mastoid process, while counter pressure is made by the other hand on the forehead. As the arteries lie under the complexus muscle the pressure must be rather firm. If such pressure checks pulsating noises or vertiginous feelings the inference is that these are due to congestion in regions supplied by the branches of the basilar artery, probably the internal ear."

THE centipede was happy quite
  Until the toad in fun
Said, "Pray, which leg comes after which?"
This wrought her mind to such a pitch
She lay distracted in a ditch,
  Considering how to run.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

A LAY HISTORIAN OF NURSING

It is no doubt indicative of the importance which trained or educated nursing has assumed in modern society that it should be regarded as a hopeful field for historical writers of a popular character. Mrs. Tooley's first book on nursing subjects, the "Life of Florence Nightingale,"[1] which appeared a year ago, was less venturesome, in a way, than her second, an attempt at general history which has just appeared. The "Life," while very delightful reading, was a much simpler undertaking, as it contained no new material but simply retold in a pleasing way the well-known and oft-written story of the Heroine of the Crimea, adding such details of the reform of nursing and the establishment of St. Thomas's training-school as are readily to be gleaned from published documents. The "History"[2] is a much more pretentious work, but falls far below the "Life" in genuine interest, in style, and in balance. The introductory chapters, which are rambling and superficial, might well have been dispensed with in a history of the nursing of the British Empire only, for Hildegarde, Dr. Seaman of the New York Hospital, and Xerxes do not belong to that empire, though they might have been willing to do so had it been possible.

There are two ways of writing history, one by putting things in, and another by leaving them out. Mrs. Tooley's "History" is quite as striking for what it has left out as for what it has put in. Those nurses who for the last eighteen years have watched the development of a new form and a new principle among the nurses of Great Britain and her colonies—the form, association and union among themselves for high purposes; the principle, the extension of democratic self-government and the assertion of citizenship—and who have seen this new spirit spread through the younger profession of the new world and permeate the whole

[1] "The Life of Florence Nightingale," by Sarah Tooley, 1905.

[2] "History of Nursing in the British Empire," by Sarah Tooley, 1906.

fabric of nursing serfdom in the old, may be excused for expressing amazement at what Mrs. Tooley has left out. The truth is, the woman who has been the foremost and the fearless leader of this movement in Great Britain—Mrs. Bedford Fenwick—is so obnoxious to all autocrats and selfish employers that because a "safe" history of nursing will not consent to mention her, except in a fleeting, airy manner, the whole band of splendid women who from the outset have been allied with her must also be left out, except for equally airy touches, and the whole splendid edifice of constructive work in education, organization, civic activity, practical nursing reforms, training-school progress, sound and honorable industrial conditions for nurses, and the development of an intelligent and ethical nursing press, which has been built up with distinguished ability by Mrs. Fenwick, Miss Isla Stewart, Miss Huxley, Miss Breay, Miss Louisa Stevenson, Miss Mollett, and many others, more than we can now mention, must necessarily be left unnoticed and unsung. Mrs. Tooley has indeed painstakingly collected a great number of records of dates and names, among which we look in vain for an opinion or a deduction. And even some of these dates and names have been so presented as to give erroneous impressions.

THE PARIS CONFERENCE

Responses are beginning to come in from various directions in regard to the Conference in Paris, and are all cordial. It is probable that the most interesting feature of the meetings will be the French nursing history which will be presented. Dr. Anna Hamilton promises nursing account of her long and persistent constructive work in founding a training-school on the lines of Miss Nightingale's example, and Mme. Alphen-Salvador will relate the story of her efforts with more detail than she could give in Berlin. It seems quite certain that Miss Turton and Miss Baxter will come from Italy, and tell what they are doing there. We shall have a notable set of reports from our professional organs, the nursing press; the youngest of these, the new French Journal, has been the first to promise its history.

From this country, Miss Fulmer has promised to be there, and Miss Wald, Miss Waters and Miss Rogers will go from the Nurses' Settlement in New York.

Another feature will be that some of the English articles will be written in French, if this is not too Irish a bull, for we are told that the interest will be much greater if we have our special articles translated.

ITEMS

Mrs. Gordon Norrie, one of the Foundation Members of the International Council of Nurses, has been elected president of the Danish National Council of Women. Mrs. Norris was a pioneer in the early movement of educated women into the nursing profession, and has written and done much to advance good standards and nursing organization. We hope she will be able to come to the Paris Conference.

The Holland Nurses' Association has lately gone on record in a very progressive and courageous civic spirit, in a memorial sent to the city government of Amsterdam, petitioning for a thorough medical and nursing service for the public schools. Besides the medical inspection, they asked for nurses to be appointed for the practical details of minor treatment and personal care and oversight of the children, which in the case of the New York schools have been shown to be so important and necessary. The memorial was signed by the president, Dr. Aletrino van Stockum, and the secretary, Miss van Lanschot-Hubrecht, whose names are identified with every public-spirited movement of the nursing world of Holland.

The English Society for State Registration, always vigilant, active, and able, has prepared a notable petition to Parliament setting forth the whole nursing situation, the need of state regulation, the chief occurrences of importance in the campaign of the past twenty years, the actions and resolutions of important public bodies in support of the principle, and the history of the bill which for three years has been brought into Parliament by a private member, but has never been brought to the second reading. The petition states that the opposition to the measure comes primarily from the lay managers of hospitals, who object to state supervision of nursing education, and from other employers of nurses, who fear the limitation of their present authority over them. It prays Parliament to make the bill a government measure, and thus secure for it an unimpeded passage through the stages of parliamentary procedure. The petition is one to make us once more proud of our privilege in being related to a body of workers so intelligent and fearless.

We note in the *British Journal of Nursing* that Mrs. Grace Neill, who has done such excellent work as nurse-inspector in New Zealand under the registration act of that country, intends coming to America, where she has sons, to live. We will meet Mrs. Neill with open arms,

and hope her corner of America will prove comfortable and desirable; also, that we shall see her at many of our gatherings. The latest report on the progress of registration in New Zealand, signed by Dr. MacGregor, the Inspector-General, says:

> New Zealand has proved by five years' experience the advantage to medical men and the public, as well as to the nursing profession, of having a recognized standard of proficiency, and consequently state registration.
>
> Dr. MacGregor considers that one defect in the New Zealand Registration Act should be remedied. He states: "The original Bill classified New Zealand hospitals into those large enough to give nurses a thorough training and those too small to provide adequate practical training, but Parliament rejected such classification. This defect should be remedied at once, for by failing to restrict our training-schools to those hospitals containing forty beds or over we prevent our New Zealand State registered nurses from claiming registration in other countries."

We must sometimes wonder whether all of the German sisters, struggling as they are for a higher plane of education and life-conditions, realize how rare a leader they have in Sister Agnes. We would fain give in full, did space permit, her editorial in the December number of the "*Lazaruskreuz,*" in which she outlines the new ideals of the modern movement. "Not our own poor 'ego' dare we make our chief purpose, but to serve mankind shall be our life task. Not by purposeless, useless sacrifice of health in the shortest possible time, not by an ascetic renunciation of the sunny aspects of life, not in neglect of natural claims, can we believe this task is to be fulfilled. We will remain human beings among human beings, and so in the highest sense meet the duties of our calling. But no calling demands such absolute discipline, such complete subordination of self in the great Whole, as ours. That is often ignored by the younger Sisters, especially as, on the other hand, we emphasize personal liberty. But it is only in *voluntary* self-abnegation that the highest ethics are disclosed—this is finer than the dull acquiescence in the inevitable." But we apologize to Sister Agnes, for in the translation of her words much is lost.

"Una" has this interesting paragraph relative to the recently established examinations for matrons in Australia:

> This certificate as originally arranged for future matrons required, as extra qualifications, twelve months' responsible post-graduate work, certificates in cookery, household economics, and infectious diseases, and a special course of instruction in the management, etc., of hospitals and training-schools. Arrangements have been made for holding at least one such course of practical instruction during the coming year. It was immediately apparent, however, that a

number of present matrons might be at some disadvantage if they had no such matron's certificate; and it was recognized that they could scarcely be expected to take up the whole course required in the case of future matrons. In consequence, a modified course was arranged for all present matrons of registered training-schools and registered private hospitals. Three elements were deemed essential, namely, competency in cookery, in hospital organization, and in training-school management. It is very gratifying to record that no less than seventeen of the present matrons have taken the first opportunity thus afforded them of obtaining this certificate by presenting themselves for examination before a board composed of three of our leading matrons and two of our most experienced nursing lecturers. The scope of the written examination will be gathered by a reference to the examination paper which will be found on pages 118 and 119 of our present issue.

We feel that we may fairly congratulate the Association upon thus having taken the initiative in establishing a matron's certificate, and upon having held what, so far as we can learn, is the first examination of its kind.

In the discussion on "The Nursing Profession and the Care of the Consumptive," held at the recent Conference and Exhibit of the English nurses who are provisionally organized in a National Council, there were many wise words said on the social side of the question. Dr. Kelynack, editor of the *British Journal of Tuberculosis,* urged the need of after-care, in the case of cured consumptives; the hope of the establishment of agricultural or horticultural colonies, or other healthful out-of-door occupation, so that they might be saved from the necessity of going back into unhealthful labor, which means usually a relapse. Of agricultural colonies he said: "The experiment is worth attempting, and here nurses who have themselves been smitten or are predisposed may find a congenial sphere for work as nurse-instructors." Miss Helen Todd, who has written much that is stirring and practical on the care of consumptives, also urges strongly the need of some avenue of self-support in country life being opened to the unfortunates, who now have no alternative but to return to the crowded and deadly city environment.

It is very interesting to note the difference of tone taken in regard to nurses by that class of practitioners who are engaged simply in the treatment of disease, without considering it in its wider social aspects, and that of a more thoughtful humanitarian type, who hope for public education as the basis of future preventive work. Dr. Kelynack, who belongs to the latter type, said in his address:

"Every nurse should be a hygiene-missionary. Fast fettered as we still are to ancient traditions and superstitious practices, and ever hampered and hindered by the twin impediments, apathy and ignorance, there is a danger lest a nurse, however braced by high ideals and directed by sound knowledge, may rest satisfied with being a mere tender of the

sick, an obedient servant of the doctor, a useful human machine wound up in a Nursing School.

"The nurse of the future is to be much more than this. She is to be an educational force, a directing power in the prevention of disease, a loyal worker in schools, in homes, in dispensaries, in the many and numerous institutions and organizations rapidly springing into being and which sooner or later shall be coördinated and correlated into a complete and comprehensive Public Health Service.

"The far-seeing nurse should understand that she may take an honorable place and play no insignificant part in the conflict with consumption."

The discussion was spirited and interesting. Mrs. Bedford Fenwick, who goes to the root of things every time she speaks, said:

"The primary aim of treatment should be as far as possible preventive. It was necessary, therefore, to go back to first causes. Why was the devastating curse of tuberculosis so widespread? Because the people had not room to breathe. In cities a sufficiency of fresh air was a difficulty even for the rich—and for the poor impossible. There must be something fundamentally wrong in the distribution and management of land when it was possible for persons to own more property than they were prepared to keep in a sanitary condition.

"It was very little use to adopt treatment and leave primary causes alone. People needed educating on this point." Mrs. Fenwick stated that she had never been more shocked than when recently visiting a country town her attention was called to the infamous condition of the house property of a very religious duke, and she thought it would be far more beneficial to his soul to make his houses habitable than to lavish money on the decoration of churches.

The question of the teaching of hygiene in the public schools was brought up, and Dr. Kelynack said:

"In regard to education in the schools on the insanitary nature of promiscuous spitting, 15,000 men recently memorialized the Educational Authority to arrange for hygiene to be taught in the schools, but certain authorities considered it was necessary to give so much time to higher mathematics that there was little left for such subjects as hygiene."

He closed by saying: "One of the weapons in their hands was an appeal to the selfish side of human nature. The rich were suffering from their sins in regard to the poor. We recognized a distinction of classes, but disease made no such distinctions on artificial lines. In considering how best to attain one's ends, not only an awakened conscience but also an enlightened intelligence was necessary."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

THE PLACE OF THE GRADUATE SPECIAL IN THE HOSPITAL

DEAR EDITOR: In discussing the place of a special nurse in the hospital one must bear in mind that there are two sides to every question. It seems evident that as a rule superintendents of hospitals view this matter of having to call in so many outside specials somewhat in the nature of a problem, and one that presents no immediate solution. Many would gladly enlarge their training staff in order to use their own nurses in special work, thus eliminating the graduate. This method would not, however, give the desired relief, for to all pay-patient hospitals come those who insist upon bringing their family nurse, the doctors who wish to place their own nurses with certain patients, and the discerning public who do not mind the additional expense for experience. True, we do not forget that a nurse in training may take better care of a patient than her more experienced sister, but we find that patients are often willing to pay the maximum price. Whether they receive a service equivalent is another story. It seems, then, that the graduate special will continue to be a necessity in most general hospitals, and we are told that the making of ourselves a problem or a pleasure remains largely with ourselves.

Much might be said from the nurses' standpoint of the limited accommodations provided for their comfort; in many cases no dressing or bath room, no quiet nook to rest in for a minute, no one in particular assuming the pilotage of the stranger, her knowledge of rules being gained by mistakes made. While this may be true of hospitals, it is also true in other fields of nursing, and in order that we may not prove an added burden to the already overworked management, we might remedy a few of our mistakes and accept as gracefully as possible conditions as they exist, not attempting in this particular field, as we may be warranted in doing in others, a renovation or reconstruction. In talking over the matter with a number of managers, one hears many and varied complaints of the graduate special. A few may be mentioned here to show just cause for some of them. One nurse, who finds herself a little behind in up-to-date methods, is, without invitation or permis-

sion, on hand at any interesting operation or case that may be going on in any part of the house; another, without the formality of request, uses the telephone for long social visits. One manager says that some specials seem to spend little time in their patients' rooms, most of it being employed in walking in the hallways and chatting in a stage whisper to any who will listen; another nurse loses favor with the housekeeper by demanding for her patient delicacies out of season and reason. This, of course, cannot apply to the hospital owned and operated by one physician, who, collecting a large fee for treatment, can afford to cater to capricious appetites, but to the general hospital. Another on entering the hospital feels a sort of irresponsibility, and leaves many of the important matters of care to those appointed to take her place when off duty. A few, forgetting their training days and having become accustomed to the freedom of home, find it hard to become again a unit in the general working of the institution, and come late to meals and in other ways upset order. There is also the supercilious nurse, who does not feel the necessity of common courtesy to house officers. This nurse is dictatorial to pupil nurses, orderlies, and maids. Then there are those whose patients leave the hospital dissatisfied with everything and everybody but their dear nurse, without whom they would surely have died in such miserable surroundings, and many others whose faults of omission and commission remain a cause of worry to many superintendents.

Opposed to all these, I am told of the exceptional class who by their patience, charm, gentle manners, good breeding, and judgment have won for themselves permanent places in the hearts of these troubled managers. They strike the happy medium in all things, their influence in the training-school is for good, their recital of unusual or trying experiences, of travel or nursing in foreign lands, is an inspiration to younger nurses, and makes them more contented with the little trials in these first years of work. Nurses who readily adapt themselves to existing circumstances are always welcomed in the hospitals as elsewhere.

ELEANOR HAMILTON,
Graduate of St. Barnabas' Hospital, Minneapolis.

WHAT IS A FAIR RATE OF CHARGE?

DEAR EDITOR: One of my classmates came to assist me while I was nursing my nephew with typhoid. After four days she left because she was ill. She charged four dollars a day for four days, and one dollar for laundry. She had not been well before she came, and was ill six

hours one day while here. She had only twelve hours' duty. While ill I gave her all the attention I could, including medicine. She was taken to and from the street car in the carriage, although it was only a ten minutes' walk. Am I unjust in thinking that she was entitled to charge only pro rata for the portion of the week, since she left for her own convenience, and that she had no right to the extra for laundry? What do other private nurses do in regard to laundry? When it is not convenient to have it done in my patient's home, I have always paid for having it done outside, and I certainly never charged extra for soiled clothes I took home because I left before wash-day.

I want to thank the author of "The Timid Nurse" and to offer her my sympathy. How many times have I felt that "I hate to go, and I hate to stay," but had not the ability to express it so cleverly. I hope she will pass through her slough of despond and come out the other side as I have.

I. P.

RANK FOR ARMY NURSES

DEAR EDITOR: It is well nigh impossible for those who know the Army Nurse Corps only through hearsay to estimate justly what it has to offer. From those who have had a long and happy experience in its ranks, but little is heard. It is the soreheads who rush into print—those who have been discharged for one cause or another, or who were unable to secure a reappointment when they would have liked to have one. It is these who seem to wish to extend and perpetuate their own disaffection, and yet who resent bitterly any suggestion that their love of country may be somewhat lukewarm. It will be long before we can forget that correspondent who in an open letter asked "*why should we?*" (respond to a call for nurses), and who threw into the balance with her "patriotism" the possible "laundry and mess bills." It was the weight of the latter which decided for her that nurses were not called upon to serve Uncle Sam—to help to make his sick soldiers comfortable, and to nurse them back to health.

Conditions in the Army Nurse Corps may leave a good deal to be desired, but no devil is as black as he is painted. When it is remembered—

1. That ever since the Spanish-American War the Medical Department has been handicapped by a deficiency of about two hundred officers, actually required to perform the necessary work of that department;

2. That this lack has had to be supplied by civil physicians under

contract, who have no rank whatever, and no status in the regular establishment, except to look after the sick;

3. That to consider the question of rank for army nurses until after the Medical Department has been given regularly commissioned officers to do its work would be preposterous, as it would make the nurses take precedence over two hundred doctors now on duty in various places, and from whom the nurses may at any time be obliged to take orders;

4. That there are, besides these two hundred contract surgeons, thirty dental surgeons and veterinary surgeons, who have no military rank, employed by the army.

Altogether too much emphasis has been laid upon this matter of *rank* for nurses by those who have little knowledge of the inside facts. Even were this step the most desirable thing for army nurses, it can be achieved only by an act of Congress, and the stupendous difficulty of getting that great body to legislate is but little understood. The Medical Department has been trying for four or more years to get its bill through for the reorganization of its corps. The President has made this legislation the subject of one or more special messages, urging its importance, the Secretary of War has argued again and again in its favor before the Committee on Military Affairs, and yet it hangs fire.

Of Mark Twain, who has recently been in Washington to look after legislation on copyright laws, it is said: "Samuel L. Clemens (Mark Twain) was at the Capitol yesterday, and took an informal leave of Speaker Cannon and Vice-President Fairbanks and other prominent members of the national legislature. He told 'Uncle Joe' that he was sorry to depart without receiving the thanks of Congress he had requested, as he needed it in his business; but it had been intimated to him that *if he would get out of town and leave Congress alone, the deferred thanks might be forthcoming at once.* If the surmise should prove true, Uncle Joe, it is understood, will forward the 'thanks' to the noted humorist by special delivery letter. Mr. Clemens said he felt he had accomplished all he could for the copyright cause for the present, and that no good would result from his remaining here any longer; in fact, *'he thought he might undo all of his missionary work if he continued to longer haunt the halls of legislation.'*

"'I have found out several things since I have been in Washington,' said Mr. Clemens yesterday. 'I could write a book on my discoveries and not enumerate all of them. I have learned among other things that legislation is a much more complicated proposition than I ever dreamed it to be. It looked very simple and easy at a distance, but a closer view has given me quite a different impression.'"

It is only within the past ten years that the medical men of the Austrian army have held commissions, and to-day the doctors of the Russian army have only what is known as a "chin" rank, and this they hold in common with many civilians—bankers, college professors, etc. So when all is said and done it is difficult to feel that army nurses are as greatly wronged because they have no rank, as many people would have us believe.

On the other hand, army nurses enjoy many advantages which are not to be found in any other nursing service, institutional or private work—*i.e.*, the certainty of change, of variety of environment and work, which is so great a rest, regular hours, and, above all, the great advantage of travel, that greatest of all educators. Many members of the Nurse Corps have, under official orders, made the circuit of the globe, and some there are who have done this more than once. Nurses on leave in the Orient have opportunity to visit China and Japan, and those on duty in the southern islands have curious and interesting experiences, not all of which are delightful, to be sure, but no one having had them can help being a better nurse and a more resourceful woman. From start to finish, the entire experience as an army nurse is unique. There is and can be no other quite like it. Not that a sick soldier is at all different from a sick civilian, so far as concerns his disability, but his point of view is radically different. All those who have ministered to him will bear me out in the assertion that the soldier makes an ideal patient, bearing suffering with fortitude, willing to do as he is told, prompt in his obedience, and grateful and appreciative of the efforts made in his behalf.

In the army hospital scientific and technical processes are no different from those found in the best civil institutions. But the administrative business of the one is totally unlike that of the other, and military etiquette and procedure have an individuality all their own. It matters not what advantages a nurse may have enjoyed during and subsequent to her training; to be in charge of one of the large wards (forty to eighty beds) of a general hospital, and to keep the records, is a liberal education.

The social status of a nurse in the army is determined as it is in civil life, by that to which, as an individual, her personality, her education, her birth and breeding, entitle her. One thing, however, must be clearly understood: Military discipline demands that between the officers and enlisted men there is a "great gulf fixed," as impassable as the space between heaven and earth. No bridge can span it, and none may pass to and fro between the two. It is in no sense a question of one being

better or worse, higher or lower, more educated or more ignorant, than the other, but simply and wholly a question of *place*—of strata, so to speak. Nothing short of some awful convulsion of nature can give the upper one "a dip," or bring the lower one to the surface. It is obvious then that no nurse can expect to choose her associates from both.

In the foregoing an endeavor has been made to explain some of the conditions in the Army Nurse Corps which have been the fruitful source of unfavorable criticism, and at the same time to set forth some of the advantages which that service has to offer to the nurse joining its ranks.

But, thank God, there are still to be found those who truly love their country, and who "care more for what they give than for what they get." The true measure of love is always service—the service which seeketh not its own. This service it is which counts in this world, and which will be remembered in the next. "To her much shall be forgiven because she loved much."

D. H. KINNEY.

[Certainly Mrs. Kinney's letter holds little to encourage the large number of nurses who feel keenly that the establishment of rank for the army nurse would do away with much that at present they decline to endure. It may not be quite correct to call the group of women by whose labors the army nurse corps was established "a convulsion of nature," but perhaps if they had another seizure it might result in rank for the army nurse.—ED.]



EDITOR'S MISCELLANY

[THE *New York Medical Journal* of December 1st discusses editorially "Women Nurses for Insane Men." We believe this is a subject upon which we all need more knowledge, and that the nursing profession should take greater interest in the subject of the training-schools in the hospitals for the insane. Adequate nursing care for this ever increasing class of patients presents a burning problem which cannot be ignored.—ED.]

WOMEN NURSES FOR INSANE MEN

IT is easily understood that the nursing of the insane presents problems quite different from those encountered in maintaining an efficient system of nursing ordinary hospital patients. Except in cases of casual illness, the nurse in a lunatic asylum has little occasion to train herself or himself in the duties and attentions that make up the nurse's occupation in caring for the sick and injured who are of sound mind. Hence the service is not popularly supposed to qualify a person for the general career of a nurse. Moreover, the average individual instinctively shrinks from contact with lunatics, though it is a mistake to suppose that an insane person is necessarily repulsive or even unattractive.

At the sixty-second annual meeting of the American Medico-Psychological Association, held in Boston last June, there were presented several papers dealing with the various questions connected with the nursing of the insane, and there followed a general discussion of the subject. The papers and a report of the discussion are published in the October number of the *American Journal of Insanity*. In one of the papers Dr. Charles R. Bancroft, medical superintendent of the New Hampshire State Hospital, gives excellent reasons for a more extensive employment of women nurses in men's wards than is at present resorted to. Naturally, as he says, it is absolutely necessary that the male patients should be so classified as to make the assignment of women nurses to certain men's wards safe and unobjectionable. Such a classification, he thinks, can be more successfully carried out in a small hospital than in a large one, for the supervision of the patients can be closer and individual characteristics more clearly recognized.

It is held that the presence of a refined and dignified woman exerts upon many of the insane men a wholesome and restraining influence. Those among whom women can be employed to the greatest advantage,

Dr. Bancroft thinks, are the inmates of the hospital reception ward, those of the hospital ward for the physically infirm, and those of the wards for the convalescent and most intelligent insane. Among the "active and disturbed" insane, women nurses had better not be employed. In all instances, of course, there must also be male attendants to perform certain services and to protect the women in case of need, but the woman should be in charge of the ward and the men subordinate. The women should be most carefully selected, for their fitness is due more to their character than to their attainments. Dr. Bancroft recognizes that there are many institutions in which women nurses have for years had charge of men's wards, but he thinks that it would be well to extend the practice to all lunatic asylums.

THE MALE NURSE FOR THE INSANE

Among the papers read at the meeting mentioned was one on this subject, by Dr. George T. Tuttle, medical superintendent of the McLean Hospital, Waverly, Mass. It seems that in that institution women have long been extensively employed, but not in actual charge of men's wards, having assigned to them duties peculiarly appropriate for well bred women. There must still be male nurses, and it appears that there is increasing difficulty in obtaining men of the right stamp. Many of the men who apply for work as nurses, says Dr. Tuttle, have no intention of following the profession of nursing permanently; "they simply want a 'job,' have no real interest in the work, and look upon any systematic instruction as an accident of the service, to be tolerated but not desired." Some of them go from one institution to another in quest of "an easy place," and they may thus have learned methods which no good hospital would wish introduced into its service.

Dr. Tuttle gives the following list of reasons for the discharge of 765 men consecutively from nineteen hospitals for the insane: Intoxication, 197; abuse of patients, 132; away without permission, 66; insubordinate, 61; undesirable, 59; disobedient, 57; sleeping on duty, 47; theft, 28; untrustworthy, 27; unsatisfactory, 21; negligent, 19; untruthful, 15; unfaithful, 11; immoral, 11; entered service under false name, 8; aiding patients to escape, 4; drug habit, 2. Some of the reasons here given are expressed in rather vague terms, but it will be seen that the list is one of shortcomings mostly of a gross character in men undoubtedly chosen with great care. Therefore it must be conceded that it is very difficult to obtain unobjectionable male attendants for the insane.

Training-schools for asylum nurses do not seem to be as satisfactory in some respects as those for general hospital nurses. Dr. Edward B. Lane, formerly medical superintendent of the Boston Insane Hospital, contributed a paper on this subject. In the course of his paper he says: "There is a vast amount of necessary routine work that is done by the old fashioned attendant more satisfactorily than by the young pupil nurse who is, in accordance with training-school ideas, assigned in rapid rotation to various posts of duty." It looks as if the difficulty of obtaining proper male nurses for the insane would contribute powerfully to promote the more extensive employment of women.

NURSES' SCHOOLS AND ILLEGAL PRACTICE OF MEDICINE

The *Medical News* of December 1 gives the following:

Physicians have enough examples before them to emphasize the danger of putting the power to practise medicine into the hands of those who will use it wrongly. Some physicians, however, do not seem to learn this lesson. J. Noir criticises certain methods of instruction and certain manuals for nurses as having a tendency to encourage the production of illegal practitioners. He quotes passages from an English manual which support his contention, and reproduces the following resolutions which were adopted unanimously in the Congress for the Suppression of Illegal Practice: "1. Every attempt at initiative on the part of nurses, attendants, orderlies, etc., should be reproved by the physicians and by the hospital administration. 2. The programmes of nursing schools and the manuals employed should be limited strictly to the indispensable matters of instruction for those in their position, without going extensively into purely medical matters which might give them a false notion as to their duties and lead them to substitute themselves for the physician. 3. The professional instruction of orderlies and nurses should be intrusted exclusively to the physicians, who only can judge what is necessary for them to know. 4. The physicians charged with this instruction should never forget, in the course of their lectures, to insist on the possible dangers of the initiative on the part of orderly and nurse, and on the serious responsibility that would be incurred in case of accident by the persons thus inconsiderately stepping out from their proper sphere." These maxims should certainly be borne in mind by the physician who has dealings with the nurse, as a matter of simple justice to her that she be not encouraged to take steps that are not in her province.

[To what extent are nurses of really high grade training-schools in the habit of "substituting themselves for the physician"?—Ed.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE Conference of the International Council of Nurses to be held in Paris next June will convene in the third week of that month and will hold sessions on the 18th, 19th, and 20th. The precise meeting-place will be announced later. It is not necessary for associations to send formally accredited delegates, as the conference will be informal. All nurses will be welcome, and it is hoped that a large number may present themselves. There will be no special rates, nor official headquarters, but addresses will be given later of the hotels where the officers of the Council may be found. All official information will be given out to the three journals of the countries now in membership in the Council, viz., the *British Journal of Nursing*, THE AMERICAN JOURNAL OF NURSING, and the *German Nurses' Journal*. Other journals are invited to copy the notices.

L. L. DOCK, Secretary for the Council.

CORRECTION

THE amount contributed by the Graduate Nurses' Association of Pennsylvania to the course in Hospital Economics was twenty-five dollars, and individual subscription thirty-four dollars, making a total of fifty-nine dollars through the medium of the State society.

STOCKHOLDERS' MEETING

The annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING COMPANY was held at their headquarters, 14 East Forty-second Street, New York City, January, 1907, and a board of directors elected, consisting of the Misses Damer, McIsaac, Riddle, Samuels, and Davis.

The officers of the board are: President, Miss Damer; Secretary, Miss Samuels; Treasurer, Miss Riddle.

STATE MEETINGS

WASHINGTON, D. C.—A regular meeting of the Graduate Nurses' Association of the District of Columbia was held at Garfield Memorial Hospital Tuesday afternoon, January 8th. The Central Registry for Nurses, which was opened December 1, 1906, at 1723 G Street, under the auspices of this association, was the chief subject of discussion, and the report for the month of December was most satisfactory to all present. Miss M. A. Winner was elected temporary registrar.

REGULAR MEETINGS

NEW YORK.—The Alumnæ Association of the Mills Training-School has prepared a report on the receipts and expenditures of its club-house and directory for the two years since it was established, the figures of which are shown below. The success of this undertaking on the part of the Mills young men has been most remarkable, and many of our associations may profit by their example. The officers for this year are: President, I. M. Williamson; first vice-president, A. E. Horan; second vice-president, J. A. Quinlan; secretary and superintendent of the club, L. B. Sanford; treasurer, William Van Hoesen.

For the year ending December 31, 1906.

House resources:		
Rent received	$2658.20	
Rent due from members	178.75	$2836.95
House liabilities:		
Rent paid	$1992.92	
House expenses	808.67	$2801.59
Net gain		$35.36
Association resources:		
Registration	$1086.10	
Commission	1299.58	
Commission owed association	62.50	$2448.18
Association liabilities:		
Salary of superintendent, stationery, etc.	$1207.01	
Telephone	67.98	$1274.99
Net gain		$1173.19
Notes and interest paid during 1906		$337.50
Notes, bills and interest outstanding December 31, 1906		509.93
Cash receipts for year	$5017.63	
Cash paid out for year	4466.63	$551.00
Cash on hand from 1905		433.31
Cash on hand December 31, 1906		$984.31
Number of cases during year		507
Number of men on list		117
Number of men in house		22

Since December 31, 1906, all indebtedness has been paid in full.

Respectfully,

I. M. WILLIAMSON, President and Auditor.
L. B. SANFORD, Secretary.
WM. VAN HOESEN, Treasurer.

Boston.—On New Year's evening the Nurses' Alumnæ of the Massachusetts General Hospital held a reception in the Thayer Library, which was tastefully decorated. On the receiving committee were Miss Anderson, Mrs. H. L. Burrell, Miss Helen Finley, Miss Agnes E. Aikman, Miss Grace Beattie. The graduating class was invited, and during the evening Mrs. Johannesson (one of the first class to graduate) gave reminiscences of the old times in the hospital. The members wished the graduates success, and hoped they would soon be members too. Excellent music was furnished, and refreshments were served by the committee in charge. A most enjoyable evening was spent.

Englewood, N. J.—The graduates of the Englewood Hospital met in July, for the purpose of forming an Alumnæ association.

After appointing officers, it was decided to hold the meetings the first Thursday in every month, beginning in November; at which meeting it was decided to frame a constitution and by-laws.

The Secretary, Miss Chisholm, was requested to write Miss Flint, our president, expressing regret and sympathy for her in her trying illness.

A discussion was started as to the advisability of a club-house. The motion was laid on the table for the present.

After coffee, cake, and conversation were indulged in, the meeting adjourned till February 4th.

Chicago, Ill.—At a bazaar given by the Michael Reese Nurses of Chicago on the afternoon and evening of November 22d, the sum of three thousand five hundred dollars was realized.

The bazaar was given for the purpose of raising two thousand dollars to endow a room for sick nurses in the new hospital. A special meeting was called to decide what to do with the surplus, and the following plan was decided upon: To take two thousand dollars of the proceeds of the bazaar and endow a room for sick nurses, to be called the "Michael Reese Nurses Alumnæ Room," the remaining fifteen hundred to be added to the sick benefit fund, giving a larger amount than is needed, so it was proposed to take one-half of this sum and invest in a first mortgage. The society has also a separate fund amounting to sixteen hundred dollars, which was started about one year ago from the sale of "Rules of Conduct," written by Miss Louise Waddell and found in her purse after her death. The "Rules" have been beautifully lithographed and sell for one dollar. It is proposed to use this money for a sinking fund to be known as the "Louise Waddell Fund." Any nurse needing the aid of such a fund in case of protracted illness or other emergency may apply to the committee in charge, said committee to consist of five members appointed by the Alumnæ, to serve terms respectively of five years, four years, three years, two years, and one year.

It is also thought advisable that half of this fund be invested by a competent business man, as it will increase indefinitely as additional copies of the "Rules" are sold.

Carthage, Mo.—An association to be known as the Southwestern Missouri Association of Graduate Nurses was formed at Carthage, Missouri, December 10th, Miss Mary E. James, graduate of Mercy Hospital, Davenport, Iowa,

president. Much interest in the state movement for registration was shown, and a delegate was appointed to attend the state meeting at St. Louis, December 12th and 13th.

CHESTER, PA.—The graduate nurses of Chester Hospital, Chester, Pennsylvania, organized an Alumnæ Association, November 9, 1906. Officers were elected as follows: President, Miss Mae Disert; vice-president, Miss Clara Hoskins; secretary, Miss Cora Jane Welker; treasurer, Miss Anna Brobson.

The constitution was read and adopted Tuesday, January 15, 1907.

The object of the association is for mutual help and protection, to advance the standing and best interests of the trained nurse, to promote social intercourse and good-fellowship among the graduates.

ORANGE, N. J.—The regular meeting of the Orange Training-School Alumnæ Association was held at the Visiting Nurses' Settlement, 24 Valley Street, Wednesday, January 16th. The meeting was called to order by the president, Miss Martha Clarke. The question of endowing a room for the use of graduate nurses in the Orange Memorial Hosiptal was discussed. No decision was reached, as the sentiment of the association appeared to be in favor of considering some other plan of caring for nurses in ill health. The question of establishing a central nurses' registry for the Oranges was brought before the meeting. Owing to limited time, and in order to give opportunity to the members for careful consideration of the subject, the matter was laid over to the next meeting for discussion.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training-School Alumnæ was held at the training-school January 1st. The principal business of the meeting was the appointment of a committee of five to choose a site for a club-house and to start one as soon as possible, borrowing fifteen hundred dollars ($1500.00) from the endowment fund for that purpose. After the business meeting, Mrs. Leonidas Hubbard, a graduate of the school, gave an interesting talk on her trip to Labrador, with a descriptive account of the villages through which she passed, and her reception by the Nanscopee Indians, their habits and dress.

Refreshments were served after the meeting adjourned.

NEW YORK.—The officers and trustees of the New York City Alumnæ for the coming year are: President, Dr. Sarah C. Silver-White; first vice-president, Miss J. Amanda Silver, R. N.; second vice-president, Miss Helen M. Sheehan, R. N.; recording secretary, Miss Inie E. Aldrich, R. N.; corresponding secretary, Miss H. Grace Franklin, R. N.; financial secretary, Miss Elizabeth Gregg; treasurer, Mrs. T. Hines Nason, R. N.; trustees, Miss D. M. Lamb, R. N., chairman; Mrs. Clinton Stevenson, Miss Jessie A. Stoovers, R. N., Miss Helen M. Sheehan, R. N., Miss E. J. Hopkins, R. N., Miss Frances E. Meyer, Miss Martha E. Bollerman, R. N., Miss Mary E. Ryan, Miss E. Blanche Kline, R. N., Miss Helen M. Patterson.

NEW YORK.—The annual meeting of the New York Post-Graduate Nurses' Alumnæ Association was held on January 8th, with a good attendance. The review of the year's work was very satisfactory in all departments. The following officers were elected for the ensuing year: President, Miss Charlotte Ehrlichea; first vice-president, Miss Caroline Vail; second vice-president, Miss Eleanor Stewart; third vice-president, Miss Elizabeth Kob; fourth vice-president, Miss Lena Gallup; treasurer, Miss Celia MacDonald, Post-Graduate Hospital; secretary, Miss Gertrude Selden, 131 West 143d Street.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held their regular monthly meeting at three o'clock Thursday afternoon, January 10th, at the residence of Dr. Marion A. Mead, on Third Ave. S. At four o'clock Dr. Arthur T. Mann, surgeon, closed his series of lectures on "Bandaging." For bandaging, prizes were awarded to Miss Porter, superintendent of the Swedish Hospital, and Miss Agnes Peterson, of the Northwestern Hospital.

NEW ORLEANS, LA.—On November 22, 1906, the annual dinner was given to the Alumnæ Association of Charity Hospital Training-School for Nurses by the Sisters in charge.

The room was well decorated, an excellent dinner was served, and a very pleasant evening spent. Afterward a business meeting was held, and officers elected for the coming year.

SAVANNAH, GA.—The third annual meeting of the Graduate Nurses' Association of Savannah was held on December 29, at the Savannah Hospital.

The following officers were elected for the ensuing year: President, Miss M. B. Wilson; vice-president, Miss N. Johnston; treasurer, Miss J. Romeo; secretary, Miss M. Clark; executive committee, Miss M. A. Owens, Miss M. McCall, Miss M. Cunningham.

After the meeting the association was entertained by Miss Wilson, president of the association, and superintendent of nurses at the Savannah Hospital.

SOUTH BETHLEHEM, PA.—The annual meeting of the Alumnæ Association of St. Luke's Hospital, of South Bethlehem, Pennsylvania, was held on October 18, 1906, and it was unanimously decided by those present to establish a fund for endowing a room in the hospital for graduate nurses. There has been prompt response to the written notices sent out, and it is hoped that this fund will grow rapidly.

BROOKLYN, N. Y.—The Alumnæ of the New York State School for Training Nurses held their annual meeting at the Prospect Heights Hospital on Tuesday evening, January 8. There was just a quorum present, and the president presided.

After the unfinished business came election of officers, and the president

was reëlected. Four nurses applied for membership and were elected. They were Miss Fling, Miss Tibber, Miss Gosling, and Miss Smith.

There are now fifty-eight nurses enrolled as members of the Alumnæ Association.

A discussion of a sick benefit fund has been laid on the table at each business meeting for the past year. Some of our members are in favor of a fund, whereas others prefer endowing a room in the hospital. A great many members have failed to respond to the appeal, so nothing definite has been decided. Fairs, theatres, etc., were discussed as a means of raising money, but that also had to be laid aside on account of the few members present.

A luncheon was given at the Hotel St. George on Thursday, December 27, and those present enjoyed a very pleasant afternoon. The decorations were carried out in Christmas colors.

The new officers for the year 1907 are as follows: Miss Eva H. Branch, president; Miss Hannah C. Lee, first vice-president; Miss Anna Nye, second vice-president; Miss Catherine Escott, recording secretary; Miss Ida M. Oliver, corresponding secretary; Miss Gertrude Keefer, treasurer.

PERSONAL

The Nurses' Library of the Toronto General received a present of fifty volumes on Christmas Day.

Miss Vera Whitney, graduate Victoria Hospital, London, Ontario, has been very ill with typhoid fever at Traverse Hospital, Traverse, Michigan.

Miss Alice A. Gorman resigned her position as superintendent of the Bridgeport Hospital on November 1st, and is for the present in New York City.

Miss S. F. Palmer has been unable to perform her full duties during the month because of an attack of grippe, from the effects of which she is now regaining her strength.

Miss Annie Hartley, who has been absent from Toronto for the last six months, owing to the illness and death of her sister, will return to her duties as night supervisor in the Toronto General Hospital, February 15th.

Miss Margaret B. Cowling, graduate of the University of Maryland, has accepted the position of superintendent at the Hospital for the Relief of Crippled and Deformed Children, 2000 North Charles Street, Baltimore, Maryland.

Miss H. Grace Franklin, R.N., late superintendent of the New York Medical College Hospital for Women, also superintendent of the Lozier Memorial Training-School for Nurses, New York, has gone to Kalispell, Montana, to take charge of a hospital.

Miss Elisabeth Cocke, of Bon-Air, Virginia, class of 1900, Old Dominion Hospital Alumnæ, after an illness of several months with chronic appendicitis, was operated on late in November, at the Memorial Hospital, Richmond, Virginia, and has made a most satisfactory recovery.

Miss Katherine H. Panton, R.N., late assistant superintendent of New York Medical College Hospital for Women, also assistant superintendent Lozier Memorial Training-School for Nurses, New York, has accepted the position of lady superintendent of the Jubilee Hospital, Canada.

Miss Brent, superintendent of the Hospital for Sick Children, Toronto, has been spending her vacation in Los Angeles, California. Miss Brent returns to Toronto in January. It is expected that the new Nurses' Residence, donated by Mr. John Ross Robertson, will be dedicated February 5.

Dr. Laura Hughes, president of the Spanish-American War Nurses, has been for a number of weeks seriously ill with acute rheumatism, from which she is now convalescing. The Woman's Auxiliary to the United Spanish War Veterans, of which Dr. Hughes is the National Surgeon, has named the Newton, Massachusetts, branch the Laura A. C. Hughes Auxiliary.

Miss Lilla Shepard, upon her departure from the Guelph, Ontario, General Hospital, of which institution she has been the superintendent for a number of years, received a very complimentary ovation from the people of the city, expressed in a reception where addresses were given, and much regret expressed at her departure, by the most prominent and influential people of the town. On December 3d the Ladies' Aid Association presented her with an address and a purse of gold.

BIRTHS

On December 2d, to Mrs. James H. Fowler (*née* Leader, Illinois Training-School) a daughter.

On December 15, 1906, to Mrs. Rena Behrend, *née* Dornberg, graduate of the Jewish Hospital, Philadelphia, twins, a boy and a girl.

At Siler City, North Carolina, on September 19, 1906, to Mrs. Joel L. Hill, *née* Harriet Bynum (St. Luke's, South Bethlehem, Pennsylvania, class 1902), a daughter.

MARRIAGES

On October 3, 1906, in St. Paul, Minnesota, Miss Mary Louise McCormick to Mr. Patrick J. Moran. Mr. and Mrs. Moran will live in New York City.

At Rockville, Indiana, on December 27, 1906, Miss Whitted, graduate of the Provident Hospital, Chicago, to Mr. Young. Mr. and Mrs. Young will make their home in Panama for at least a year.

At Newark, New Jersey, December 26, 1906, Miss Elizabeth Kinnaird Erskine, class of 1906, Newark City Hospital, New Jersey, to Dr. Harry B. Williams, of Newark, New York. Dr. and Mrs. Williams will make their home in Newark, New York.

OBITUARY

Died on January 7, 1907, at Nanticoke, Pennsylvania, Miss Sarah Emlyn Winter, graduate of the Metropolitan Training-School, class of 1904.

Died at Owen Sound on December 10, 1906, Eliza Loss Sewrey, graduate of the Toronto General Hospital Training-School for Nurses, class of 1896.

Died at Southern Pines, December 31st, Miss Frances C. Moore, a graduate of the Boston City Hospital. Miss Moore was a woman much beloved by friends and patients.

Died at St. Johns, N. B., December 16, 1906, Miss Clara J. Shaw. The deceased was a graduate of the Newport Hospital, class of 1893, and for several years had been engaged in private nursing in Washington, D. C.

At New Orleans, Louisiana, on December 4, 1906, after a lingering illness, Miss Philomene Comford, a graduate of the Charity Hospital Training-School for Nurses, New Orleans, class of 1903. Miss Comford was an earnest worker in the Louisiana State Nurses' Association for the uplifting of her profession.

St. Luke's Hospital, South Bethlehem, Pennsylvania, mourns greatly its loss of two of its most generous benefactors in the death of Professor W. H. Chandler, secretary of board of trustees since its foundation, and Mr. Robert Heysham Sayre, also a prominent charter member of the board of trustees, and the donor of a handsome men's surgical ward, which bears his name. Both of these men were deeply interested in the work of the training-school.

At Rochester, New York, on Saturday, January 5, 1907, Miss Eva Mary Allerton, aged fifty-three years.

Miss Allerton's death occurred at the Homeopathic Hospital, of which institution she had been the superintendent for nearly seventeen years. She had been incapacitated from active work since November 20, 1905, and had remained at the hospital as a patient during her long period of invalidism. Miss Allerton was born at Mount Union, Ohio. She was a descendant of Isaac Allerton, one of the Mayflower pioneers. She was a member of the Society of Mayflower descendants, and was exceptionally well read in Colonial history. She graduated from the Boston Training-School connected with the Massachusetts General Hospital in 1885, began her work as a graduate nurse with Dr. S. Weir Mitchell, at Philadelphia, was superintendent of the training-school of the Alleghany General Hospital, and assumed the position of superintendent of the Rochester Homeopathic Hospital on January 22, 1900. Miss Allerton was widely known for her admirable work in hospital management. She was a woman of few words, whose power to achieve was expressed in action. The successful development of the Homeopathic Hospital in Rochester was largely due to her ability and untiring devotion to its interests. She possessed qualities of brain, mind, and heart far above the average. She had the courage and the power to carry through large undertakings in a broad, liberal way, combined with the art of paying attention to the smallest detail. She had a keen appreciation of the needs of the unfortunate, and the

power to arouse the generosity and the sympathies of the wealthy in their behalf. She did much to raise the standards of hospital and training-school administration in Western New York, and her influence in broader circles was always in the direction of progress and the uplifting of her profession.

Miss Allerton was best known outside of Rochester as the chairman of the legislative committee which carried the bill for the State registration of nurses in New York to a successful issue. Without her knowledge of affairs and of political methods, it is doubtful if the nurses of the State could have carried this measure in one year. This work was done by Miss Allerton under tremendous nervous strain, and she felt herself that the effort and excitement of the legislative campaign, combined with her exacting duties in the hospital, hastened the development of the disease which finally caused her death.

Miss Allerton was a charter member of the American Society of Superintendents of Training-Schools for Nurses, of the Alumnæ Association of the Massachusetts General Hospital, of the New York State Nurses' Association, and of the Monroe County Nurses' Association. She was also one of the group of women who helped to make THE AMERICAN JOURNAL OF NURSING possible, by being one of the first subscribers for a share of stock in the company. Her loss to the profession and to her many warm personal friends is inestimable.

HOSPITAL AND TRAINING-SCHOOL ITEMS

THE Tulsa Hospital Association has been incorporated under the laws of the Indian Territory, with Dr. F. S. Clinton as president, and Miss Myrtle Chamange as acting superintendent. The plant of the Bellview Sanitarium has been acquired, and will be occupied until a new building is constructed.

THE Woman's Hospital in the State of New York, 110th Street, between Amsterdam and Columbus Avenues, New York City, opened its new building on December 5, 1906. It offers to nurses a post-graduate course of six months in gynecological and surgical nursing, and to other schools the privilege of affiliation.

To supply the deficiencies in resourcefulness in caring for convalescent and well children, the Training-School of the City Hospital at Worcester, Massachusetts, has adopted the plan of sending two nurses at a time for two weeks to the kindergarten school, where, through the kindness of Mrs. Mary Barker, the superintendent of kindergarten work in Worcester, this is made possible. Mrs. Barker gives six letters on kindergarten work to each class in the training-school. The pupil nurses of this school have commenced district work under the supervision of Miss Jacobus, a former settlement worker in New York City.

THE graduating exercises of the Bellevue Training-School for nurses were held at the Nurses' Home on January 22d, and the following young ladies received diplomas: Miss Lottie Argabrite, Miss Florence Ball, Miss Rosa Bolyen, Miss Margaret Byrne, Miss Sarah Corrigan, Miss Elizabeth Dunn, Miss Pauline Eberhart, Miss Helen Egginton, Miss Hattie Frost, Miss Lauretta Hamlin, Miss Nora Hanley, Miss Bertha Hastings, Miss Sadye Hayes, Miss Martha Halliday, Miss Carrie Hoskins, Miss Elizabeth Hynes, Miss Elizabeth Kennedy, Miss Rosa Lackhove, Miss Marie Louis, Miss Anna McLaughlin, Miss Mary Melvin, Miss Edith Morgan, Miss Elizabeth Nelson, Miss Catherine O'Connell, Miss Mary Peterson, Miss Nora Phillips, Miss Myrtle Rose, Miss Dorothy Ross, Miss Lou Smith, Miss Sarah Swaney, Miss Alice Townsend, Miss Anna Webster, Miss Annie Wilcox, Miss Clara Williams.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING JANUARY 12, 1907

DAVIS, ANNA L., transferred from temporary duty at Fort William McKinley to regular duty at the Division Hospital, Manila, P. I.

HAMMETT, ANNIE M., transferred from Fort McKinley, P. I., to the United States for duty. Arrived at San Francisco December 27th and assigned to duty at the General Hospital, Presidio.

HEPBURN, SARAH M., transferred from the General Hospital, San Francisco, to the Philippine Division. Sailed on the *Sherman* January 5th.

JOHNSON, SIGRID CONSTANCE, graduate of Bethesda Hospital Training-School, St. Paul, Minnesota, 1902; post-graduate course at the Presbyterian Hospital, Chicago; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

JORGENSEN, MARY C., graduate of Troy City Training-School, Troy, New York, 1905, on duty at the Indian School Hospital, Chilocco, Oklahoma, at the time of appointment, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KEENER, LYDIA M., transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico.

MCCARTHY, KATHERINE A., graduate of Mercy Hospital, Dubuque, Iowa, 1902, post-graduate of Presbyterian Hospital, Chicago, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MORRIS, HANNAH PAULINE, graduate of the Boston City Training-School, 1900, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

POSTLEWAIT, CLARA L., transferred from Presidio of San Francisco to the Philippines Division for duty. Sailed on *Sherman* January 5th.

PURCELL, BERTHA, transferred from the Division Hospital, Manila, to Zamboanga, P. I., for duty.

RICHMOND, EDITH L., sick, transferred from the Philippines Division to the United States for treatment, assigned to the General Hospital, Fort Bayard, New Mexico.

ROHLFS, LOUISE, transferred from the Division Hospital, Manila, P. I., to duty at the General Hospital, Presidio of San Francisco.

ROTHFUSS, EMMA, transferred from Presidio of San Francisco to the Philippine Division for duty. Sailed January 5th.

WOODS, EMMA, recently discharged; reappointed and assigned to duty at the General Hospital, Fort Bayard, New Mexico.

WOODS, JULIA E., ex-army nurse, graduate of the Illinois Training-School, 1896, post-graduate course at the General Memorial Hospital, New York City, reappointed and assigned to duty at the General Hospital, Presidio of San Francisco.

PRACTICAL SUGGESTIONS

White corn-meal is effective in constipation if the patient can take a large amount in twenty-four hours. Cook in a double boiler four hours, until quite stiff, then thin with milk and serve as a gruel or as a cereal with milk or cream, but instead of sugar, pour on a little strained honey. Another palatable way of serving it is to cut it in thin slices, spread strained honey on both sides, then put it in a pan in the oven until brown.

M. D. B.

When a patient only requires care at night occasionally when awake, I pin a tape with a safety pin so that it will be within his reach. The other end I have tied about my wrist. In that way I can sleep in the next room or even several rooms away. This is particularly useful when near the elevated road or any other noisy place, and it has the advantage over a call bell in that it does not disturb other members of the family. I have the tape long enough so that I can turn over with ease.

M. D. B.

In making mouth washes I always use seltzer or vichy siphon water. I find it the most agreeable as well as the most cleansing wash. My patients all like it, which adds to the benefit.

C. B. R.

For chafing between the thighs—a complaint of stout persons in hot weather—bathe the parts daily with alcohol. It certainly toughens the skin.

C. B. R.

It sometimes seems best not to give "the usual daily bath" to pneumonia patients who are very ill. The extra effort is exhausting.

C. B. R.

For caked breast, hot compresses of witch-hazel (an old woman's remedy) are very good.

C. B. R.

I HAVE seen several graduate nurses cover cold compresses with oiled silk. This should not be done, for it is then converted into a poultice. Wring out the linen, folded into four layers, from cold water, then bandage securely.

C. B. R.

FOR emergency operations, the five-cent sterile towels, which can be obtained at any drug store, are convenient. I have had them washed and resterilized to use as dressings afterward.

C. B. R.

THE following suggestion is from the bulletin of the Illinois State Board of Health. I tried it and it works all right, both going on and coming off. I dipped a bar of laundry soap in water, rubbed it over the strip of newspaper until the strip was damp and tried it on varnished woodwork.

A clever plan, which works well in practical application, is the sealing of rooms for disinfection with strips of paper made to adhere with soap. The advantage of this method is that the paper is very easily removed and, with slight moistening, the woodwork may be easily and thoroughly cleaned.

S. M. G.

A PASTE made of bismuth and vaseline is very healing for babies who are chapped or have a sore anus.

E. M. S.

NEWSPAPER pads of many thicknesses are the cheapest and most easily obtained for protecting the bed in emergency cases of obstetrics, or for an operation.

E. M. S.

TOILET paper may be used to receive the sputum. It is also a great saver of handkerchiefs if used to clear the head in cases of ordinary cold.

E. M. S.

QUESTIONS AND ANSWERS

"CAN you tell me of a good method to extract juice from fresh beef? Have tried the lemon squeezer, scraping, etc., but have not as yet had satisfactory results."

Cut the beef into small cubes, putting a bit of salt on each. Place these in a sauce-pan, with one teaspoonful of cold water. Have at hand a cup of cold water, and an empty cup for the beef-juice, standing in warm water. Place the pan on a warm part of the stove, where it will heat but not cook. Press the meat with a strong spoon until a tablespoon of juice is obtained. Pour this into the warm cup, add another teaspoonful of cold water to the meat, and continue to stir and press as before. When all the juice possible has been extracted, finish by squeezing the meat in a lemon squeezer or meat press. This is more palatable to some patients than a beef-juice unmixed with water.

Recipes for extracting juice from beef by the action of hydrochloric acid are given in Miss Boland's and Mrs. Lincoln's cook-books. Miss Sachse gives various methods in her cook-book.

"WHAT is considered a fair charge when one is nursing two patients in the same family, the rate for one patient being twenty-five dollars per week, and the people being fairly well to do?"

I. H.

We shall endeavor to get an opinion on this subject from some one who has been long in charge of a directory for nurses, but in the meantime it would be interesting to hear the opinion of JOURNAL readers who have found themselves in similar positions. The nurses we have interviewed have made no additional charge for a second patient, if the second illness arose in the course of their duty.

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Corresponding Secretary, Miss Annie E. Rece, Louisville.

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Secretary, Miss Olin Norman, 1517 Antoine Street, New Orleans, La.

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President, Miss Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass.
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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | MARCH, 1907 | NO. 6

EDITORIAL COMMENT

NURSING EDUCATION: DR. BRISTOW'S PAPER

WE cannot pass Dr. Bristow's paper without a word in defense of the great body of nursing teachers who have struggled so long and so bravely to improve nursing education and its conditions.

While we acknowledge that there may be, and probably are, instances where all he charges is true, we believe that such a state of affairs is the exception and not the rule. We cannot believe that the honest endeavor of our best women deserves such sweeping denunciation, questioning alike their intelligence and their integrity.

Dr. Bristow's statement that he knows of no instance where the superintendent of nurses has been subject to interference in the government of her school will cause a smile of amusement and the universal comment that in this instance he is greatly in need of light. It would be interesting, for instance, to have exact data as to the responsibility for the nurses' hours of duty—whether it lies with boards of managers or nursing superintendents. The period of probation, and assignment of reasons for refusal, have ever been difficult and delicate questions. We contend that the old method of one month's probation was alike unjust to both probationer and hospital. Neither could determine in so short a time whether the other would be satisfactory.

The practice of dismissing probationers without giving any reason may frequently occur, but is not universal; on the other hand, probationers are seldom, if ever, required to state their reasons for leaving.

There are a large number of excellent nurses who, having been refused admittance in one school, have successfully taken the training

in another. Dr. Bristow has evidently confused the rejected probationer with the discharged pupil.

It is the custom in many of our best schools for the acceptance or rejection of probationers to be decided by the superintendents of nurses, while the question of discharging a pupil is relegated to the training-school committee, who give the pupil a hearing, and we feel safe in saying that in every school there are more instances where even serious offenders have been provided with funds, than where young women have been sent adrift without them.

We must admit that nurses are compelled to give a large amount of domestic service which is not nursing, the principal reason therefor being commercial and for the benefit of the hospital. The responsibility for this lies with the boards of managers, and not with the superintendents of nursing.

The concerted effort of training-school superintendents to lengthen the course to three years was with the idea of lessening the pressure of practical and theoretical work and thus giving the nurse a chance to digest the mass of information heretofore crowded into two years. This has been done in our best schools, and where it has not been done, the reasons are again commercial, not enough nurses being provided to lessen the hours.

Upon the subject of nurses' hours, the superintendents feel more keenly than any outsider possibly can, and are looking forward to the report of the Department of Education of New York, which, it is hoped, will arouse enough public sentiment to compel hospitals to provide nurses in adequate numbers.

We think Dr. Bristow makes a mistake in speaking of the nurses' time spent in the hospital as purely one of service. For instance, the making up of time lost by illness is not for her service alone; if she did not do so, she might forfeit some particularly valuable part of her training, such as maternity, operating-room, or contagious wards.

Dr. Bristow lays stress upon the fact that the New York State law requires only two years of training. In this he forgets that a state law always represents the very least which it will recognize, and he evidently is not familiar with the regents' "special rules relating to the registration of nurses," in which it is clearly shown that the training must not be less than two full years in a hospital, and the third year is recognized as offering superior advantages.

The natural query is, if it is possible, in case of life and death, for a nurse to be too well trained.

Miss Cadmus has met many of these points in her admirable

paper on the Education and Training of Nurses, and her views, especially upon the educational value of the third year to the pupil, must be shared universally by her colleagues until it is more conclusively proven that it is unjust to the pupil and unnecessary to the profession.

We cannot feel that our standards are too high, while we are compelled to admit that our paths for reaching the high standards are open to criticism, and we are ready to concede frankly that nurses have had too much teaching of medical subjects *unrelated to nursing.*

The economic side of the question needs a thorough exposure, which would have been forthcoming long ago had not nurses shrunk from placing themselves in a position open to the charge of the "commercial spirit," which seems to be so much more grave an offense for nurses than for hospital managers and others.

There is much discussion among nurses all over the country regarding the sliding scale of wage, and the advisability of breaking away from the directories altogether, to establish a practice as a young doctor does. Some of the best nurses in the country have done this, to the entire satisfaction of their patients, the doctors, and themselves. We are not dismayed by the criticism of the medical fraternity, feeling that we have too many stanch friends in its ranks who are ready to help, not hinder, us, and realizing that such criticism is only a part of the great unrest which prevails in all ranks of life, from the church and state to the medical body itself.

The whole question is not hopeless, although discouraging. The women who have tried long and faithfully to better conditions are being constantly reinforced by new recruits who are ready to fall into the same lines.

If we believe that there is any good at all in the world, we believe that no good, honest work is ever entirely lost; it may be obscured or seem to be set aside or modified, but the effort for ultimate betterment cannot be completely wiped out.

AN OPEN QUESTION

Dr. Bristow's charge that only the hospital, and not the nurse, derives any benefit from the nurse's third year, is a very serious one, which the Journal feels should be thoroughly discussed in these pages by all concerned. Only by frank expression of opinion by the nurses themselves, as well as by superintendents and hospital managers, may we hope to arrive at a true estimate, and we urge the Journal's readers to state their views freely on both sides.

ANOTHER FIELD OPENS TO NURSES

The promotion of Miss Jessie M. Keep to the position of chief probation officer of the Juvenile Court of Columbus, Ohio, marks another advance in the nursing army. Each year finds the profession of nursing receiving fresh recognition. That nurses become most satisfactory probation officers might easily be supposed, particularly those nurses who have been for years engaged in work among the sick poor.

Miss Keep was graduated from St. Luke's (training-school for nurses), Chicago, Ill., in 1895. Shortly after graduation she began district nursing with the Chicago Visiting Nurse Association, and, later on, did the same work, in Columbus, Ohio, and Peoria, Ill. While in Peoria, her connection with the Associated Charities gave her opportunities for development of the philanthropic spirit, particularly in the organization of boys' and girls' clubs.

In May, 1906, Miss Keep was appointed assistant probation officer of the Juvenile Court in Columbus, Ohio.

Her rapid promotion to chief probation officer is most gratifying to her friends and alumnæ association.

PROGRESS OF STATE REGISTRATION: THREE STATES OBTAIN LAWS

It is with great rejoicing that we announce successful legislation for the state registration of nurses in three States, New Hampshire, West Virginia, and the District of Columbia. Two of the bills are printed in the Official Department and speak for their own merit.

With the New Hampshire and West Virginia nurses victory came quickly with the first effort, and this speaks volumes for the intelligence and justice of the legislatures of these states.

In the District of Columbia the nurses have suffered defeat two or three times, but still worked on in spite of discouraging obstacles, and in this final victory they have demonstrated that national legislation is not impossible, but that with a just cause and persistent, determined effort it may be accomplished. All of these new laws contain the essential features for satisfactory administration. It is a glorious victory for so early in the season.

BILLS NOW UNDER CONSIDERATION

Illinois, Michigan, and Iowa are again to the front, and Minnesota has also an excellent bill before the legislature. Pennsylvania has a

bill in the field, and although such great concessions have been made that it has lost its broad educational and professional value, still, as last year, the bill is meeting with very bitter opposition. Much of this opposition comes, we have reason to believe, from correspondence and short-course schools, and these and other influences make just legislation seem impossible. We believe it is always better to suffer defeat than to accept a law that lowers the standards of nursing education in the broadest sense. One may hope and work on with no law at all, but with a statute that defeats the highest ideals, stagnation and retrogression will be sure to follow. The old adage "Make haste slowly" applies to nursing legislation with peculiar force.

THE DEVELOPMENT OF TRAINING-SCHOOLS FOR THE INSANE

One of the very marked features of the development of insane hospitals during the past few years has been in the greater attention being paid to the nursing service, and to the more careful instruction of the pupils in the strictly practical nursing side of their training, which has led to a general improvement in the care of the insane. This is said to be particularly marked in the State of New York, where the schools have been developing their courses with a view to obtaining registration. We are promised a paper on the subject of the development of the nursing of the insane for an early number of the Journal, which will show the lines of improvement and tend to arouse, we hope, a greater interest among general nurses in this special work, the demand for which increases each year. If our state laws have done nothing else, the fact that they have been directly the means of raising the standard of nursing care in the insane hospitals really pays for all the labor and anxiety which the movement has caused. It is the kind of result that was expected, and it is most gratifying to realize that quietly and almost imperceptibly to the public this advance is going steadily forward.

THE NEXT VITAL STEP

There is no question of more vital importance at the present time than that proper provision be made in every registered state for a directory system which shall definitely separate the registered from the unregistered nurses. This is necessary for the proper education

of the public and physicians, as well as for the protection of nurses themselves, and is a matter which is entirely in the hands of the nurses. If registration is to mean anything, the general public must know how and where to reach the registered nurses, and the ranks of such nurses must be kept clean. Every state law in operation, with the exception of New Jersey, has provided for a means of revoking the certificate for gross moral cause or professional incompetence. There should be no hesitation in the enforcement of this provision of the laws, and there should be established in every county under the auspices, we believe, of a county society, a directory where only registered nurses are enrolled. We believe that steps should be taken for the establishment of such directories immediately.

We learn with great satisfaction of the marked success of the Central Registry established only last December in the District of Columbia by the District Nurses' Association. It is proving to be all and more than was expected of it, and now that the District Bill for state registration has become a law, an ideal directory system can be established in the City of Washington that will be an example to the registered nurses of the whole county. The good work goes steadily on.

THE RETURN TO THE TWO-YEARS COURSE

We publish in the official department a resolution of protest against the return to the two-years course, which was adopted at a mass meeting of nurses held in New York on February 16. We know that in this resolution is expressed the sentiment of the great majority of the nurses of the country. We are informed that the Board of Governors of the New York Hospital and of the Roosevelt Hospital have taken formal action to return to the two years, and so far we have been able to learn of no practical reason for such a step. We understand that applicants for training are somewhat decreasing, and that these managers fear there will soon be no nurses. If this shortage of probationers is universal, the way to meet this tremendous competition caused by the prosperity of the country, to which we referred last month, is not by cheapening the nurse's training, but by giving to nursing a professional status that will lift nurses far above the ranks of the ordinary wage-earner. Shorter hours of hard work, less of the domestic hospital drudgery, and better food, will do more to keep the ranks of any hospital staff full than a retrograde movement of this kind. We cannot believe that the example of these hospitals will be universally followed, as higher education for nurses has too

many influential supporters, and we are outgrowing the age when a training-school had only for its object cheap service to the hospital.

The necessity of a nursing college or institute, where nurses shall be prepared for the practical experience of the hospital, becomes more imperative every day.

When we learn that the first use to be made of the Rockefeller bequest to the General Education Fund is to be towards the development of women's colleges, we take heart to believe that our nursing college may not be far distant.

A BILL FOR LICENSING MIDWIVES

A BILL to regulate the practice of midwifery in New York City was introduced in the Assembly on January 23, and referred to the Committee on Affairs of Cities. This bill provides for a board of examiners of midwives to be appointed by the commissioner of health, to consist of five members, three of whom are to be legally-qualified physicians and surgeons; who the other two members are to be is not stated.

To practise midwifery without a certificate or without the attendance of a physician, after December 31, 1907, is made a misdemeanor, subject to conviction and fine. Provision is made for the revocation of the certificate, and the condition under which certified midwives may attend cases is very clearly defined, such attendance being limited practically to normal labor cases, the use of instruments or any artificial means of assisting labor being prohibited.

We believe that the regulation of the practice of midwifery should be a state law, not merely a city ordinance, for an ignorant midwife can do quite as much harm in a small town as in a great city. It is most surprising that the abuse of this branch of the practice of medicine has been tolerated for so long in this country, and in the light of modern science it seems criminal that it should go on without restriction.

POST-GRADUATE EXPERIENCE

THE Bellevue Training-school in New York is now being reorganized under the supervision of Miss Annie W. Goodrich, with provision for post-graduate experience in general nursing. This promises to meet one of the greatest demands of the day, for while there are post-graduate schools in the various specialties, such as eye and ear, obstetrical, surgical, and contagious hospitals, there has

been no big opportunity in the East for general experience, such as Bellevue and the allied hospitals can now offer.

We understand that opportunity will also be afforded to schools of limited experience to round out the training of their pupils by entering into affiliation with the Bellevue school.

The new Woman's Hospital, recently opened in New York, offers practically the same conditions for post-graduate and affiliated training in gynæcological nursing, a very full description of which will be printed in our next number.

We welcome these opportunities for the broadening of nursing education in the State of New York, and we hope that with such increased facilities there will be no reason why the schools of the hospitals for the insane, sanatoria, and small general hospitals cannot round out the training so that every obstacle to registration with the Education Department at Albany will be removed.

THE LONG HOURS IN HOSPITALS

In the inspections that have been made in New York State during the last year a set of questions were prepared for the inspectors by the Nurse Board of Examiners, for the purpose of obtaining information in regard to certain conditions existing in the training-schools bearing on the effect of the administration of the law, and among other things the number of hours which the nurses were actually on duty. An immense amount of very valuable information has been secured in this way and has been filed in the department of education, from which a report is now being prepared. Just as soon as this data is ready the Board of Examiners will take up for consideration the subject of working hours in hospitals. We shall soon have a fairly definite report of the actual number of working hours per week which the women in our hospitals are required to be on duty.

THE MEETING AT RICHMOND

Some interesting papers are being prepared for the meeting of the Nurses' Associated Alumnæ at Richmond. Among them will be "The Blazing of New Trails," by Miss Theresa Earles McCarthy, of San Francisco; "Some Urgent Social Claims," by Miss L. L. Dock, of New York; "Work and Overwork," by Miss Martha Smith, of Philadelphia.

One session is to be devoted to State Association work, in charge

of Miss Sly, Interstate Secretary. The Question Box will be in charge of Miss Isabel McIsaac, of Benton Harbor, Mich. It is hoped that subjects for discussion to be placed in the Question Box will be brought in large numbers by the delegates to the convention. Topics may also be sent in advance to the chairman of the program committee, Miss Lucy Walker, Pennsylvania Hospital, Philadelphia.

THE NEXT NEW YORK ANNUAL

THE Annual Meeting of the New York State Nurses' Association is this year to be held on October 15 and 16, in Syracuse, instead of in Albany in April, as has heretofore been the custom. After so long an interval—eighteen months—there will be much official business to come before the Association, and the executive committee are arranging for a very interesting program of papers and addresses. We feel sure the Syracuse members will do their part nobly towards entertaining the delegates and visitors.

THE ARMY NURSE CORPS

IN Mrs. Kinney's letter in the February JOURNAL, she has thrown down the gauntlet to the nurses who feel so strongly that the present status of army nurses is intolerable.

For three years the JOURNAL has endeavored in every possible way to find out why so many nurses constantly and persistently decline to enter the Army Nurse Corps. Has not the time arrived for those women who know whereof they speak to express themselves? Is it entirely the question of ranking with the common soldier, which certainly is distasteful enough, or some equally important reason?

We hope the opening given by Mrs. Kinney's letter will not be lost.

MICHIGAN FEDERATION COÖPERATES WITH THE NURSES

IN the *Federation Bulletin* for February are published programs for work of different state federations of women's clubs, but Michigan is the only one which included, among the things to be worked for, under the head of legislative work, "a bill for the registration of trained nurses." The committee urge that in place of lobbying and hearings at the capitol, "hearings with the local members of House and Senate in cities and large and small towns" shall be resorted to as much as possible. We think the example of the Michigan Federation in lending assistance to the nursing movement might very properly be followed by the federations of other states.

THE ESSENTIAL FEATURES OF A BILL FOR THE STATE REGISTRATION OF NURSES, AND HOW TO PASS IT

By SOPHIA F. PALMER, R.N.

ROCHESTER, NEW YORK

Graduate Massachusetts General Hospital, Former Superintendent St. Luke's Hospital, New Bedford, Mass.; Garfield Memorial Hospital, Washington, D. C.; Rochester City Hospital, Rochester, N. Y.; President, Board of Nurse Examiners of New York State.

The history of the registration movement, both in this and other countries, has been given so in detail in the pages of our Journal during the past few years, that it is not necessary to spend any time in reviewing that side of the subject. Miss Riddle's paper, published in the January number, stated in unmistakably plain words the reasons, both public and personal, for our seeking to obtain such registration.

Before passing on to the subject of this paper, as to the important features of every bill, and how it shall be passed, I wish to emphasize the fact that state registration is not, in any sense, only a state measure. It has been shown clearly that it is an international movement of an educational character, and we cannot fail to learn from the efforts of nurses in other countries, from the successes and failures both at home and abroad, that what affects the standards in one state or one country will affect, sooner or later, the standards in every state or country, so that, in the drafting of a bill, in determining those things which may be omitted and those which must be insisted upon, we must never lose sight for a moment of the fact that we are not working for ourselves alone, in one particular state, but for the whole nursing body the world over. This makes the passage of a law for state registration not so vital of itself, but only so far important as it is in its broadest effect a good law. It is better far that a state should be without laws governing registration than that it should be saddled with a statute which restricts development, which belittles nursing education, which in any way delays the development of nursing along the lines which lead to a profession, or that it shall contain weak points which will permit of political interference with its administration, or the controlling power of forces outside of the nursing body.

The pioneer period in the state registration movement is past. We

are no longer groping in the dark, as were the workers who secured the passage of our first laws, but we have the experience of others which has led to success as well as failure. We know now what the political stumbling-blocks are likely to be. We know that the cause is a just one, and that when nurses themselves and the general public have become sufficiently educated to its necessity, then, and then only, with a just legislature, may we hope for success.

The education begins within our own ranks, in our local associations, leading on to county, state, and national affiliations. The women who have been active in these organizations are ready for state registration. The women who have kept outside, through indifference or other causes, are not ready; consequently, the first place for vigorous effort is within the ranks of our own body. To pass a law for state registration with the great rank and file of the nurses of the state ignorant of the need or objects of the law, is not progress. This must be borne in mind in every state, among every group of workers.

To pass on to the consideration of the vitally essential features of every bill, it seems to me that in order for this great movement to bring eventually what we hope for, the responsibility of the regulation of the standards for training in the schools, and of the individual fitness of the graduate, must be placed absolutely upon the shoulders of the great nursing body acting through the state. We have passed through a period of more than thirty years of a divided responsibility, and our conditions have grown year by year more chaotic. There has been no recognized responsibility on the part of the schools or of the medical profession, or of nurses themselves, and we believe that, like every other profession, the burden of responsibility of the training of the nurse and her *conduct after graduation* must be borne by her fellow-workers. It is because of this reason that it is absolutely essential, first and foremost, that a bill shall be so drafted that a Board of Nurse Examiners shall be composed of nurses, and that the candidates, however appointed, shall be, when possible, nominated by the State Nurses' Association; but that if such procedure is without custom in the state, and it is considered in a sense unconstitutional for that state, then the qualifications for these candidates should be so regulated in the bill that only women of the very highest type, both morally and professionally, shall be eligible, and that upon the Board of Examiners shall rest the responsibility of the inspection of training-schools. When the movement for state registration began, the importance of inspections was not appreciated,

but in the administration of these laws inspection of the nursing schools by a nurse of broad experience in training-school administration was recognized immediately as a necessity. At least one of the later bills drafted makes provision for such inspection, a very wise feature to be included in every law.

I consider that the manner of the appointment of the examiners, whether made by the Governor or by the Board of Health, or by a Board of Regents, is not of such vital importance. The custom of the state must be followed in the registration of the other professions, and the machinery of the state utilized as far as possible, but there should be demanded the same recognition for nurses in the regulation of nursing standards that is granted by the state to medicine, pharmacy, etc. In my opinion, a bill had better be withdrawn year after year than for any other conditions in this regard to be accepted.

The next most important feature of a law I believe to be the registration of the certificate with the County Clerk, with a means of supervision of this roll definitely provided for and the fee for such registration and re-registration definitely stated.

Next comes provision for the revocation of a certificate for acts derogatory to the standards of the profession of nursing, this revocation to be within the power either of the Board or of the State Association, as may be the custom prevailing in the state. I believe that through the Board more practical results may be obtained than through the larger body of the state, which is unwieldy because of its numbers. It is also to be borne in mind that while, in the drafting of a bill, the minimum qualifications and conditions which will be accepted are to be clearly defined, they should not be so fixed that development and progress can be retarded. They should show definitely that a minimum is intended, but that this minimum is not arbitrary in its progressive limitations.

In the minor details customs within the state and the strictly local conditions must carry great weight in the drafting of a bill, and no rule can be formulated that will apply universally.

In determining the conditions of the terms of the waiver under which graduates shall be registered without examination, and reputable, experienced nurses be recognized, again standards prevailing within the state must be carefully considered. In two states at least, where the law is in force, very few of the experienced women have availed themselves of the privileges for registration granted by the statute. The bill must be so drafted that great liberality is shown in the beginning, the drawing in of the lines to be done very gradually.

Hospitals must not be demoralized in the administration of their nursing departments, but ample time should be granted for readjustment to new conditions. I am fast coming to believe that hospitals for the insane should be given more liberal consideration than has been done heretofore.

It must take much time to correct defects that have been years in accumulating without controlling influences of any kind. It is because of this necessity to work slowly in the administration of a law that many nurses are impatient and feel that after all registration is not accomplishing much. I would say to such nurses, look back five years.

To sum up, in drafting a bill see to it that the standards of training for the nursing schools, and moral and professional qualifications of the graduate, and the power to revoke a certificate for cause, rest upon the shoulders of the great nursing body, acting through a Board of Nurse Examiners vested with the authority of the state.

HOW TO PASS THE BILL

The question of education is to be considered again in connection with the passage of a bill through both houses of the legislature. The men who make up the legislative body are said to represent the average intelligence of the citizens of their district. They must be instructed in regard to the necessity for the passage of such a law, and such instruction comes best and most effectively from their home districts and from their constituents whose votes have put them into offices. Their first interest in considering any measure is naturally what their home people wish to have done about it. They are influenced greatly in a matter of this kind by what the nurses in their own section desire, but perhaps more strongly by what the fathers and brothers of the nurses think advisable, so it is very plainly shown that to secure the passage of a bill the important work is not to be done entirely at the capital, where these busy men, under the pressure of legislation, are not easily approached, but at their homes before the legislature convenes or on the days that they spend in their offices, when they may be approached by their fellow-townspeople and where they are more ready to listen to the reasons, pro and con, of such measures as directly concern their constituents. *The way to reach a legislator is through his home people.* The vote of the country representative counts the same as that of his city colleague. This gives to every nurse a definite field in which to work in her own home section. She may be only a temporary sojourner in that city or town, but if she has

access to a member of the legislature she has a definite work to do for her profession, and that she can talk intelligently in regard to the whole broad subject of registration is absolutely essential. The presentation of strong arguments in support of the registration movement before the committees of the two houses is very important, and here nurses need to secure the coöperation and support of influential men and women in the state. That there should be a definite plan for the presentation of these arguments by which certain sides of the question shall be presented is imperative—for instance, the nursing side by a nurse, the medical side by a physician, the home side by a woman representing broadly club interests, and so on. It is equally important that these arguments shall be brief, that they shall be embodied in a typewritten statement to be filed with the committee in support of these arguments, and that petitions bearing the names of the influential citizens of the state shall also be secured and submitted.

In appointing a legislative committee the State Association should be careful to select women with marked leadership qualities, who, through the positions they occupy, whether social or professional, command some political influence. The chairman of this committee should be a woman who speaks readily and clearly and whose bearing is one of womanliness and dignity. To her should be intrusted the planning of the campaign, the distribution of the work either of individuals or of committees, and she must be given the unqualified support of her associates. There must be absolute harmony in the ranks, and the women who are put forward to lead the movement must possess those qualities which quickly command confidence and respect.

Conditions in some of the states are so politically corrupt that it is almost impossible to secure the passage of any law which has for its object only the moral or educational improvement of the people. For this reason, legislation has been blocked and will be blocked in some states for a good many years to come, but the wave of public condemnation of graft and political intrigue, which is sweeping over our country, is all in favor of the successful passage and administration of such laws as those for state registration for nurses. We have only to work and be patient and not lose courage under failure.

In some of the states nurses have been their own "lobbyists"; in others, professional lobbyists have been employed. A legal adviser is necessary to guard against unconstitutional methods and to put the bill into proper legal form, but few lawyers are good judges of what constitutes the wisest standards for the advancement of nursing

education, and in this the legislative committee must hold the reins in its own hands.

A business agreement should be made with such an adviser, that the cost of such legal service may be clearly understood before the campaign begins.

Provision must be made by the State Association for the necessary expenses of the legislative committee. This is best done by making the membership fees in the state society sufficient to meet all such expenses. I have never known of money being demanded to influence votes.

The coöperation of physicians carries great weight with the legislative body, because the movement for the State Registration of nurses is in direct line with the medical laws, because medical men rank with the more highly intelligent citizens in every state, and all are voters. In every state the most liberal members of the medical profession have given their support to the movement. State medical associations have endorsed it, as have women's clubs and individual men and women of the educated classes. All such influences must be obtained and the public at large enlightened through the public press and by personal work from the nurses in the homes and before clubs when the opportunity offers. Such educational work must take time.

The great upward trend in nursing affairs, that has been so marked since the registration movement began, owes its impetus to the educational value of the agitation quite as much as to the enforcement of the laws. The quality of the nursing service in every kind of institution for the sick and insane has changed for the better since the registration agitation began.

In the face of criticism, and threatened retrograde movements, may we not take courage from this fact and hold fast to our standards and our ideals for the future upbuilding of the profession of nursing?

A CORRESPONDENT sends us the following "Practical Suggestion," which she calls a preventive, copied from a tombstone in an old English churchyard:

"Here lie I and my two daughters,
Died from drinking Cheltenham waters;
If we had stuck to Epsom salts
We wouldn't be living in these here vaults."

VENEREAL PROPHYLAXIS

By MARION CRAIG POTTER, M.D.

ROCHESTER, NEW YORK.

(Concluded from Page 351)

In our last lecture we learned that there are three forms of venereal disease—Syphilis, Chancroid, and Gonorrhœa. We have said that syphilis was the most important. It has always been considered such, because of its disfigurements and serious lesions of the nervous system, and its terrible effect on the posterity of those who suffer from it.

The infection of syphilis is constitutional, and may attack and destroy any organ or function in the body. It is amenable to persistent and specific treatment, but if neglected it is prone to attack the osseous and nervous systems, causing various bone lesions, with great disfiguration if the bones of the nose or face are involved. In cases where the nervous system is the seat of the trouble we may have all forms of paralysis, dementia, and death. It is the recognized cause, in the majority of cases, of Paresis, or softening of the brain, and Locomotor Ataxia. It is often transmitted to the child of the syphilitic individual. If the child survives infancy, it usually grows up a weakling, and may develop the most distressing diseases.

Syphilis is divided into three distinct groups of symptoms, known as the primary, secondary, and tertiary stages. The primary stage is the initial lesion, or chancre. The average time of its appearance is twenty-one days after infection. About six weeks after the occurrence of the chancre, the secondary stage is ushered in with fever and rheumatoid pains all over the body, especially at night; eruptions on the skin; mucous patches in the mouth, and wherever the skin and mucous membranes meet; general enlargement of the lymphatic glands all over the body, and falling of the hair. The germ of syphilis, the Spirochæta Pallida, has recently been isolated.

About one year after the subsidence of this stage the symptoms of the tertiary or third stage appear. This stage, however, may not come on for years and possibly never. If it does appear, the trouble is always serious. Paralysis and other symptoms may vanish under treatment, but relapses are common, and in some manner the disease is, in time, usually the cause of the person's death.

Syphilis plays curious pranks in its manifestations, but it never

runs an irregular course; its lesions go systematically from superficial to deep, steadily growing worse and more destructive.

The second venereal disease we will study is Chancroid. The name chancroid was originally given to the disease to express that form of contagious venereal ulcer which is not followed by any constitutional infection.

In chancroid and gonorrhœa it is not necessary for the surface to be abraded, as the virus from these diseases may corrode the mucous membrane, destroying the tissue and establishing the disease.

Chancroidal ulcers are usually multiple. They are red and inflamed in appearance, and suppuration is abundant. They increase in area for one or two weeks, reaching variable sizes, often not larger in diameter than a quarter of an inch. Chancroids in a healthy person usually heal readily, but they should always be looked upon with suspicion, and thoroughness of treatment should be persevered in until recovery is complete.

We now come to the study of gonorrhœa, in which we have such a formidable rival to syphilis that it is a question as to which carries with it the more evil. Formerly gonorrhœa was thought to be a very simple catarrhal inflammation, but in the past few years it has been found that it is the cause of many more deaths annually than syphilis, and that it is a large factor in the great number of cases of sterility. The symptoms of gonorrhœa in the two sexes are so unlike each other in their manifestations as to be considered almost separate diseases.

Gonorrhœa begins about three days after exposure. With men there is first an irritation of the urethra, which quickly develops into an acute inflammation.

If this receives prompt treatment, the disease subsides in about six weeks. The discharge from the urethra gradually loses its purulent character, and a thin, non-purulent discharge remains. If the germ of gonorrhœa, called the gonococcus, is present in this discharge, no matter how long since the person has had the original trouble, the disease is contagious, and marriage ought not to take place.

Cases of gonorrhœa which do not recover quickly develop various troubles. Possibly the gonococcus does not stop at the bladder, but proceeds up the urethra to the kidneys, causing pyelitis, abscess of kidneys, blood poisoning, and death. Chronic Bright's disease or incurable cystitis may result, or an inflammatory condition of the urethra, which results in stricture.

Gonorrhœa is considered a local disease. In the majority of cases it is, but many times constitutional troubles develop. These manifest themselves as rheumatism, known as gonorrhœal rheumatism, and an inflammation of the eye known as gonorrhœal ophthalmia, or gonorrhœal rheumatism of the eye. It is a form of septic infection, and may last a few days or a few weeks, but recovery is quite certain, although relapses are common.

Another condition due to gonorrhœa is gonorrhœal conjunctivitis. This is not constitutional, but is contracted by contact of gonorrhœal pus with the conjunctiva, and may affect the surgeon or nurse as well as the patient. It is rapid and certain in its destructive processes. Many physicians and nurses have lost their eyesight from carelessness in cleansing their hands after contact with gonorrhœal discharges.

In women gonorrhœa first shows itself as an inflammation of the vulvar mucous membrane, and quickly invades the whole vaginal tract. Attendant upon this inflammation of the mucous membrane is a thin, viscid, colorless discharge, which speedily becomes thick, abundant, and purulent, and is found to contain the gonococcus, if examined microscopically.

The skin and mucous membranes about the genitalia are irritated from the discharge of the thick yellow pus, the glands in the groins are enlarged, and the patient often feels so uncomfortable and ill that she is confined to the bed.

Enlarged glands in the groin or buboes are the only symptom common to all venereal diseases. In syphilis they are called syphilitic buboes; in chancroid, chancroidal buboes; in gonorrhœa, gonorrhœal buboes. Enlargement of glands in the groin is often caused by colds and other troubles, and, although invariably present in venereal diseases, they are not by any means diagnostic of them. They should, however, always put you on your guard.

Occasionally the disease is like a mild form of vaginitis, which runs its course in about six weeks and subsides, leaving a leucorrhœal discharge, which in time disappears. At the beginning of the disease no one can predict how simple or how severe its course may prove.

The infection usually extends to the urethra and the bladder, causing inflammation of the bladder. The frequent micturition, pain, and tenesmus which complicate this cystitis are the most distressing symptoms of the acute stage. Fortunate indeed is the woman whose disease stops here, for often the poison hastens along into the uterus, and out through the Fallopian tubes, causing salpingitis, or possibly pus-tubes, or general peritonitis, which may result fatally.

It is thus seen that the complications which occur in gonorrhœa may not only be numerous, but serious in their nature.

There may be severe inflammation of the vagina, bladder, uterus, tubes, and ovaries, and yet the disease subside without formation of pus. When symptoms have been so severe a chronic inflammation of the uterus and a persistent leucorrhœal discharge is left, and in a great many cases the woman becomes sterile.

Thus many a husband, young and ignorant, revelling in a few wild oats, has brought to his wife a disease which has caused her death, or, if she escaped with her life, has kept her constantly dragged down physically, and blighted his own hopes of happiness to be found in children.

I have referred to gonorrhœal conjunctivitis; this disease may be produced by an infinitesimal part of a drop of pus containing the gonococcus coming in contact with the eye.

In nursing you will often be called to irrigate the bladder, and give baths, douches, and enemata. .In irrigating the bladder you cannot be too careful or too conscientious in sterilizing the catheter and the solution to be used. This should be done not only for the good of the patient, but for your own safety, and, having performed the duties, under no consideration let an interval of time elapse before your hands are thoroughly cleansed. Many physicians and nurses have lost the sight of one or both eyes because this precaution has not been properly carried out. There should never be a common towel even in a family.

In gonorrhœal conjunctivitis the rapidity with which the symptoms aggravate is often appalling. The slight, dry, sandy feeling attending the first congestion of the eye is of the shortest duration, as is the secretion of tears and muco-pus. Within a few hours after ontagion the discharge is purulent, and the inflammatory symptoms go on increasing in severity until in three or four days, often sooner, destruction of sight is inevitable. Sometimes the safety of the eye is compromised in a few hours.

A large proportion of the cases of severe inflammation of the eyes in new-born infants is due to the gonococcus in the passages of the mother infecting the eyes of the child at birth. It is for this reason that so much stress is laid on the care of the eyes of the new-born babe. Before every delivery the mother, if possible, should be douched with bichloride, and the child's eyes immediately after birth flooded with some form of silver, to destroy any possible infection. The care of diseased eyes, the protection of sound eyes, and the pro-

tection of your own eyes in these cases cannot be too urgently impressed upon you. In caring for sore eyes, no matter how simple the condition seems, never use the same cotton for both eyes.

In caring for a baby, if the eye begins to look red, begin cold compresses, cleanse the eye every twenty minutes, and call a physician without delay if there is the least accumulation of secretion. In children or in grown persons who do not understand the gravity of the condition, the sound eye should be protected by sealing it with lint and collodion.

Blindness is not prevalent here, but in the poor quarters of large cities, and in foreign countries, the amount of blindness is dreadful to contemplate. In Japan loss of sight is so common that there is a law reserving the right for the blind to give all massage treatments. One often hears a faint whistle blown out in the street, and, upon inquiring, is told that it is a blind masseur announcing his presence.

In China the blind are allowed to beg in the streets one half-day in the week. They are tied together in groups of a dozen or more, and wander about soliciting alms. At this time so many are seen in the streets that it seems as if the city were given up to the horrors of blindness. It was the most pitiful sight I have ever witnessed. One-third of this blindness is due to lack of proper attention to the eyes of children at birth.

In connection with venereal diseases there are often found vegetations known as venereal warts. They may be caused by the contact of irritating secretions with the mucous membranes, or simply by lack of cleanliness. They are not necessarily venereal. The observance of cleanliness alone often causes these vegetations to shrink up and disappear.

We have learned that in syphilis the secretions from the chancre and mucous patches, and the blood of the patient, are contagious, but that there must be an abraded surface for the inoculation to work. Consequently, if a nurse keeps her hands free from abrasions there is no danger of infection.

In chancroid the ulcers are so sore and angry-looking that attention is at once attracted to them, and a person is forewarned that danger is lurking, and that extra cleanliness should be observed. In gonorrhœa the discharges are acrid and infectious, and thorough bathing of the hands after any dressing is the nurse's only safety.

Cleanliness, absolute and perfect, must always be observed for self-protection.

At present rubber gloves are used a great deal, not only by

physicians, but by housewives. A nurse need never hesitate to wear them, and should always have a pair in readiness.

These lectures were first given seven years ago by invitation of Miss Palmer, then superintendent of the Rochester City Hospital, to warn the nurses from the standpoint of self-protection against contagious diseases. At that time it seemed almost unprofessional to mention the subject of venereal diseases even to nurses. Since then there has been a great revulsion of feeling in the scientific medical world in regard to this subject. It recognizes itself face to face with the problem of a great class of uncontrolled, preventable contagious diseases, compared to which all other contagious diseases combined are as a pigmy to a giant; a class of diseases which are filling insane hospitals and exterminating families; which are not only ruining the health and happiness of wives, but killing many as surely as though pierced with a bullet.

The case of Gillette, with which we are all familiar, and in which the murdered woman was a consenting party to the original guilt, seems mild in its criminality compared to the guilt of the husband who slays a pure, innocent, and unsuspecting wife by infecting her with a loathsome disease.

The following quotations are from papers given at the Fifty-Seventh Annual Session of the American Medical Association, in a symposium on "Venereal Diseases and the Duty of the Profession to Womankind," under the heading, "Relation to Matrimony and Heredity."

"The relations of the affections under discussion to matrimony and to heredity should not be overlooked. The intimacy of married life is such that it is almost inevitable that when one of the contracting parties is affected the other becomes affected also. Of married women who acquire venereal diseases, fully eighty-five per cent. are infected innocently."

"When it comes to heredity, both gonorrhœa and syphilis display their appalling effects. As a prolific cause of so-called race suicide, voluntary abortions are as nothing compared to these. Gonorrhœa exhibits its malign influence by rendering its subjects, both male and female, sterile, preventing impregnation; while syphilis attains the same end by bringing about countless abortions, even with women who yearn for motherhood, whose fondest wish is that of rearing a family. Syphilis in either parent contributes to the same unhappy end."

"The nation that is exempt from venereal imputation has not

yet been discovered. So far as statistics are able to determine, syphilis prevails among urban populations to the extent of from seven to fourteen per cent. at the present time; and it is further estimated that upward of ninety per cent. of all men have gonorrhœa at some time in their lives. Like pale death, that knocks with equal fate at cottage door and palace gate, these diseases are not respecters of class, age, color, condition, or occupation."

"It is especially needful that the venereal infection should be cleared away from marriage, the breeding-place of humanity, so that the springs of heredity may be kept pure and children no longer be deprived of their rightful heritage of vitality, health, and vigor."

"The public should know that the introduction of venereal infection into marriage constitutes its chief social danger, and at the same time makes up the saddest chapter in the martyrdom of women."

"The duty of the physician seems plain in this matter. He should work in season and out of season, in private office and in public function, in medical societies and in law-making bodies, until aroused and intelligent public sentiment enacts measures to restrict and to suppress the contagious perils of venery. Only when we have accomplished this can we count on a reasonable guarantee of safety for women in the marriage contract."

The Vermont State Board of Health sends out the following leaflet to physicians for distribution to patients suffering from venereal diseases:

"It is estimated that eighty per cent. of all deaths from pelvic diseases in women are due to gonorrhœa. Twenty per cent. of all blindness is due to gonorrhœal infection of the new-born. Fifty per cent. of all involuntary childless marriages are caused by gonorrhœa of the female organs of generation, of which forty-five per cent. are due to marital infection by men. In this country it is impossible to quote statistics, as they never have been gathered. The committee of fifteen estimated that there were annually two hundred thousand cases in New York City alone. In Prussia, where they have more reliable data, it has been stated that typhoid fever represents a yearly loss of eight million marks, while the increased expenses and decreased income caused by venereal diseases amount to ninety million marks annually, an amount which exceeds that caused by tuberculosis. But the financial loss is of minor importance compared with the enormous social changes and consequent social misery."

North Dakota requires applicants for marriage licenses to present a certificate from three physicians appointed by the county judge,

showing freedom from venereal diseases, habitual drunkenness, insanity, and tuberculosis. Michigan and Indiana have enacted similar laws, but not so far-reaching.

In the light of our present knowledge, we can scarcely believe that diseases so fraught with destruction to life and happiness have had no warning raised against them, except that contained in the old Mosaic Law.

My knowledge of medicine in general, and my experience in dispensaries and the wards of hospitals, would lead me to believe that the above statistics might not be exaggerated; but in twenty-three years of private practice, limited to women and children, I cannot find that I have treated ten cases of syphilis at any stage, and, having been associated with my father several years and had intimate knowledge of his work, which covered over forty-three years of active country practice, where a venereal case was of the rarest of rare occurrences, it leads me to hope that there is a great class which has been overlooked statistically, where uprightness and thrift are a saving grace.

A few years ago one dared not breathe the word consumption in the presence of its victim, and consumptives were allowed to scatter their germs broadcast without doing one intelligent, helpful thing for their own recovery or for the prevention of infecting their friends. How different now, since publicity of its contagious nature has become its safeguard, and how wonderful and surprising are the results! Instead of being depressed, they are cheerful in carrying out reasonable and intelligent methods of cure and eradication of the disease. If tuberculosis is called the White Plague, surely venereal disease is the blackest of Black Plagues.

Publicity of the menace venereal diseases are to humanity is not far off, and will do much to prevent the trouble. "Self preservation is the first law of nature," and all men, if not morally upright, are physically cowards, and would not willingly bring such diseases and misery upon themselves.

In Scandinavia, where these diseases have been among reportable contagious diseases for thirty years, the result has been that these pestilences have been reduced during that time thirty-four per cent.

To quote again from the *American Medical Journal:*

"The most important function of the human body biologically is reproduction. Behind this function the Creator placed a dominating, imperative sexual impulse to reinsure its activity."

Legislation alone will not reach this problem, and even if it could, it is not yet here.

Various authors have dilated upon the misery entailed from violations of the Seventh Commandment, but so far none of their writings has proved an "Uncle Tom's Cabin" to the cause.

One of the first books given to me to read by my mother was "Old Town Folks." Not a name, nor a place, in the book is remembered, but one pen-picture painted in Harriet Beecher Stowe's inimitable style has always remained with me. It is the picture of the little heroine clasping to her heart her own husband's illegitimate child, with feelings only of pity for its outcast mother. The picture has always in my mind been surrounded with the beauty of purity as with a halo. No girl could read the book without aspiring to that same noble character, and no boy could read it without wishing to live up to the best within him, so as to be worthy some day of such a true wife.

Hawthorne's "Scarlet Letter" is a notable example of the type of literature to which we have referred. In George Eliot's "Adam Bede" we see in Kitty the undisciplined love for flattery and coquetry which is the ruination of thousands of girls to-day.

Daudet dedicated "Sapho" to his sons when they were twenty years of age, and no doubt wrote the book with all the zeal a father could put into an appeal to save his sons from lives of immorality. But twenty years of age is too late for men to begin to learn the philosophy of right living.

In "The Heavenly Twins" Sarah Grand has portrayed, to all who have the keynote to understand, the destruction by syphilis of a mother and her child.

Frances Hodgson Burnett in "A Lady of Quality" iterates and reiterates that one breach in chastity brands a woman for life.

Dr. Cordelia Green had this great social problem in mind when she wrote "Build Well," a book whose very name is an inspiration to better living.

At one time a bride, a beautiful woman, consulted a physician in regard to sores that proved to be chancroids. The physician, knowing the patient, was speechless with the horror of it, and the criminality of the husband. But the patient went chatting on, taking her discomfort as a matter of course, saying among other things how good her husband was, how they grew up together, had joined the church at the same time, and how much he loved his mother, having always written to her twice a week since he left home for college.

The church has not compassed this question of social purity; mother love, trustful and unenlightened, has failed. The boy's physical salvation lies in being trained to a white life. We believe that a man's purposes, character, and influence can be changed in the twinkling of an eye by the transforming, regenerating power of the grace of God, but the laws of nature are inexorable, and a man's physical sins follow his children "even to the third and fourth generation."

A new era in education has been opened up by the American Medical Association, through their education of the masses by publicity of facts.

A warfare involving ninety per cent. of the men of the world has never before been waged, nor one carrying with it so much death and destruction, and slaughter of the innocent.

The statistics given before this most august and scientific body of physicians were unchallenged, and are a staggering reflection on the training of children. In the light of present knowledge it would seem that parents are criminally culpable if they send their sons out into the world ignorant of pitfalls that ninety out of one hundred are sure to fall into, and that will prove death-traps to many of them physically as well as morally.

There is no legislation against this terrible plague. Education and enlightenment must precede legislation. We who are in professions that bring us in close touch with the problems of humanity, and who therefore have the knowledge, must ask ourselves what is our part in this great warfare, between the white life and this black plague that is travelling from individual to individual and threatening the nations. In asking for these lectures you have shown the responsibility you feel in the matter by requesting me to formulate some definite, practical help for you to give to mothers.

A family physician once gave a father some literature to teach his son the evils in the world. The father returned it, saying he did not wish to have his boy frightened to death.

A young physician had a Sunday-school class of High School boys. About Christmas-time one of the class asked him to explain to them the mystery of birth. After considering the subject most thoughtfully for a week, he decided, in view of their age and his scientific knowledge of the subject, that it was a reasonable thing for him to tell them, which he did the following Sunday.

We would expect mothers to feel grateful to that young Christian doctor, but such was not the case. Three of the mothers took their

children out of the class immediately because they had been told such dreadful things, and it resulted in the young man giving up the class. These incidents teach us what great tact we must use in trying to help mothers, and that we must be prepared even then to find our good impulses often misinterpreted.

A story is told that Mr. Horace Mann once exclaimed enthusiastically on being shown a beautiful and expensive school building for boys: "It is a great undertaking, but if only one boy is saved, it will have paid!" The reply was: "You hardly mean that all this expenditure and labor would be warranted if it succeeded in saving only one boy!" "Yes," said Mr. Mann; "if it were my boy." Let us feel no time, trouble, or disappointment too great if it saves one boy.

Not long ago a mother consulted me in regard to her attractive young step-daughter, who was just sixteen. The mother was told if a young girl never crossed the threshold of undue familiarity, she was safe. She was advised to teach her to discourage familiarities on the part of young men, not to allow one to put his arm about her, nor to press her hand, nudge her, or touch her in any way. If any young man persisted in teasing and annoying her, she should talk it over with her mother for advice how to treat the acquaintance. She was also advised to forbid her daughter driving for pleasure with a young man, or joining a house party. The mother replied: "Oh, thank you! I have been in misery! Young people seem to be treading such dangerous pathways. I felt there were many things I ought to tell Ruth, but did not know how to do it. I can never tell you how much you have relieved my mind, for you have made it so easy for me to begin."

Not long after, in a sermon on "The Secret of Self Control," I heard Dr. Mackay of New York give expression to the same thought, but graced with the convincing power of his great oratory:

"A heedless word, a careless look, a chance meeting—how often to the man or woman without self-restraint these things are as doors that swing outward to the wilderness of ruined character and reputation! What may seem trivial improprieties may be the gateway to great moral tragedies."

As the Eighth Commandment, "Thou shalt not steal," stands for an honest life, and a child is trained to it from infancy, so the Seventh Commandment, "Thou shalt not commit adultery," stands for a pure life. Too long mothers have hurried over it with averted eyes, thinking instinct would teach their children the propriety of

keeping it. Mothers cannot know how teeming the world is with temptation, but it is time for them to arouse themselves and find out, and help right this wrong.

Mothers must learn that keeping the Seventh Commandment is the crucial test of a pure life, and not the beginning of it. There are associations to teach temperance, there are societies to teach patriotism, but the mothers in the home must teach their children social purity.

In my mind the training of a child for purity in life covers four periods. For infancy, modesty in manner; for young childhood, purity of thought; for adolescence, chastity in habits; for youth, Christlikeness in all things.

Honesty is not the flower of a single day's bloom. The bank president who has heeded his childhood lesson that to open another's letter is dishonest does not fall victim to a defaulter's temptation.

Children must be taught modesty from infancy. As an infant is taught honesty and other people's rights by "Must n't touch," so can an infant be taught modesty. Mothers should give their children bright pretty bath-robes and teach them to wear them, and they should also wear their own. Nude pictures of young children, and frolics in a home, morning and evening, of children clothed—or rather unclothed—like little savages, can only be demoralizing.

One evening a child three years old was being hurried into his pajamas by his mother when there were several people in the room. All conversation ceased, and interest centred in the child. He looked over his shoulder and in an injured but reproving tone said: "You should n't look at me."

A child has its rights, and it should be given, so far as possible, the rights of privacy that older people enjoy.

Children can be taught that the setting sun is their curfew bell, and that there is no place for safety and security like their own home, under the roof with their mother. Such training would save many mothers from sitting up until midnight in tears, for their sons to come home.

Girls should be told that "a vile tongue is an abomination," that they should not listen to things they could not repeat to their mothers, that it is not respectful on the part of a young man to kiss a girl, unless under the shadow of the marriage altar, nor respectable for a girl to allow it.

More than this, girls must learn to look upon "motherhood as the crown of womanhood," and train themselves mentally, morally, and physically to meet its responsibilities.

Boys must be taught that "evil communications corrupt good manners," and that impure and evil thoughts are dangerous seeds to sow. They must be given sex knowledge, and be taught, by being careful in little things, habits of self-control from childhood. They must know by being told that for them to heedlessly kiss a girl, or to indulge in undue familiarity or obscene allusions, or to countenance them in others, weakens their moral stamina and lowers their manhood. They must be told that continence is compatible with health and happiness, and that it is the only way for them to be sure of freedom from diseases that could infect or possibly kill a wife, and taint, if not destroy, their children. A sense of responsibility should be inculcated into their lives toward the future wife and children.

Young men must also be taught that to marry and establish a home and rear a family is their duty in the great social economics of the world, and that the same impulses that impel them to love and marriage will, if prostituted, lead them to sin and desolation.

When you graduated, your education had only begun. Like all professional people, you are expected to educate yourselves constantly in your profession, by reading, by attending lectures, and by giving to others and gaining from them in organized societies. You must have the latest authorities at your command on hygiene, sanitation, and everything that pertains to helpfulness in the homes you enter. Inspire mothers to read and to take educational journals like your own special journal, THE AMERICAN JOURNAL OF NURSING, and other journals such as *Motherhood*. Dr. Elizabeth Blackwell, Herbert Spencer, Howard Griggs, William James, and many other writers have made valuable contributions toward the moral education of the young. If you can inspire every mother to read the chapter on Habit, by William James, in his "Principles of Psychology," you will have done a noble work. In this chapter he speaks of character as "an aggregate of tendencies to act in a firm and prompt and definite way upon all the principal emergencies of life."

In weaving bundles of habits into a protecting armor of character, let us seek to influence parents not to let ignorance be its one weak point, but to implant in the foreheads of their children the jewel of scientific knowledge that will not only light up the good, but will flash out on evil when it arises to destroy, and cause the temptation to vanish.

Who can estimate the value to the world of a true, pure life! The Evelyn Nesbit Thaw case shows how a girl may be led step by step into trouble, and what an important rôle the café and midnight

supper play in her downfall. The case also teaches that, by the age of sixteen, home influences have accomplished their work of forming tendencies in a child's life for right or wrong. In the light of such facts, infancy seems too late to begin a child's training; let us encourage parents, by self-discipline, to give their children the benefit of prenatal influences for good.

If "high thinking and right living" are habits from the very cradle, great physical temptations, however alluringly presented, will be resisted and this Black Plague will receive its death-blow.

"Ye are not your own, ye are bought with a price. Know ye not that your body is the temple of the Holy Ghost?"

"Self reverence, self knowledge, self control. These three alone lead life to sovereign power."

IS THE PRESENT SYSTEM OF TRAINING FAIR TO THE PUPIL NURSE?*

By A. T. BRISTOW, M.D.

BROOKLYN, NEW YORK.

Clinical Professor of Surgery in and Attending Surgeon to the Long Island College Hospital; Attending Surgeon King's County Hospital, St. John's Hospital; Vice-President New York Academy of Medicine, etc.

My address this afternoon is not intended as an unfriendly criticism of the present system of training nurses. It is far from my wish to invite more or less angry retort, nor do I desire to provoke intemperate rejoinder or the retort with which our childhood days were familiar: "You're another!" It is rather the purpose of this paper to invite discussion of a subject which needs discussion, not with heat, but calmly and dispassionately, with the desire to get at nothing save the truth. Nothing is ever gained on either side, if there *are* sides to this question of the trained nurse, by recrimination, nor will heated editorials, with much calling of hard names, serve to elucidate matters. To use a somewhat overworked phrase, what we need is light, not heat. Moreover, coöperation is necessary between nurses and doctors. We cannot do our best work, or even very good work, certainly in public institutions, without your aid, and I do not suppose

*Read at the informal meeting of the New York State Nurses' Association in Brooklyn, November, 1906.

that you will question the assertion that you need the support of the doctors.

The present system of training has been the slow growth of years. For the most part, it works well and has furnished society and the medical profession with a body of highly-trained women whose work both in public and private has been beyond serious criticism. It was, therefore, with some surprise that the writer read in the pages of one of your special journals that the system was a failure, and that the doctors were the cause thereof, since the medical profession has been running the training-schools all these years. This was an entirely novel proposition, for the writer is connected with six hospitals, either as attending or consulting surgeon, and was entirely unaware that his colleagues were engaged in any such occupation. Training-school committees, to be sure, there are, but their function has been largely ornamental, or at most advisory, the advice given being accepted or not accepted at the will of the superintendent of nurses.

With this fact I have no complaint. The function of the superintendent of nurses is to govern her school, and in my experience she has rarely been interfered with. Indeed, I know of no instance of interference. The results have been admirable, yet as a result partly of economic conditions peculiar to hospitals, partly from what I believe to be mistaken ideas of instruction, much injustice is at present meted out to the pupil nurse, and if certain so-called reforms are carried out as set forth in a recent proposed scheme of education by your state board, a much greater injustice will be worked upon both the pupil nurse and the public. Let us take up for discussion first, then, certain practices of hospitals toward the probationer and the young pupil nurse.

In the training-school prospectus of many hospitals there is a clause which permits the discharge of the probationer at any time during the time of her probation without the assigning of any reason therefor. This probationary period is often six months, never less than three. A number of nurses, two of them in official positions, have recently stated to the writer that it is the practice of some large hospitals during the spring and fall cleaning to enroll a much larger number of probationers than they can possibly require for the severest selective purposes, put them at work, and then get rid of the supernumeraries under this very convenient clause. I ask you to kindly remember that this charge is not made by the medical profession, but by some of your own association, who are or have been in position, presumably, to know the facts.

I prefer, however, to think that this is an extreme statement, although I have personally known of instances of great injustice due to the application of this rule. It has dangerous possibilities, and is altogether unfair to the probationer. It is un-American. Why should she be denied the reason for her discharge, unless the person discharging her is afraid to give the true reason? If you do not intend to apply the rule, why put it in the prospectus? It is certainly liable to dangerous abuse. You take the girl's time, you sometimes take her money, and then, without either compensation or explanation, cause her to lose both, since if she enters another hospital she must still serve a probationary term. Moreover, the hypocritical statement is made that the declination of a candidate is no reflection on her character, although every training-school superintendent within reach of my voice knows perfectly well that she would exercise extreme reserve in admitting as a probationer a young woman who had been rejected after probation in another hospital. If she was short of nurses, she might try her. I contend that the probationer is entitled to the reasons for her rejection. A very fair method is that of one superintendent known to me, who at the end of two months warns unsatisfactory pupils, but permits them then to exercise their own discretion as to continuing their probation. I also contend that a hospital has no more right to rob a girl of several weeks or months of her time, during which she has been worked hard at menial tasks, than it has to take her money. I admit the discretionary right of choice, but the present arbitrary and secret methods are outrageously unjust, and ought to be modified or restricted. One prospectus, treating on this subject, says rather significantly that candidates are expected to bring with them the means of returning to their homes if unsuccessful. After three or four months in a large city, I wonder how much of this return money would be available. I once knew of a case where a girl was literally turned in the street with just five dollars in her pocket, her home being Canada. And this was supposed to be an institution of mercy!

Much of the work required of the probationer is distinctly not nursing. She enters a hospital to be taught the intelligent care of the sick, but instead of this she is, in many hospitals, set to do the work of a chamber- or kitchen-maid. She dusts, she scrubs, she washes dishes; in short, she is set to do all sorts of menial tasks for which the hospital, lacking the probationers, would be compelled to hire the proper class of labor. That is exactly what they ought to do in the first place. But, you say, this is a period of trial and is meant as a test.

I doubt whether you would consider it necessary to put a medical student at work digging trenches or cleaning streets so as to find out whether he would make a good doctor. The lesson of neatness can be taught in the care of the sick and not by the use of the scrubbing-brush and the dish-cloth. Why waste the time of the nurse on such tasks, unless it is to save the wages of a domestic? You wrong your young pupil doubly, since you distinctly incapacitate her to receive the instruction which is her due, for a tired body means a tired brain and an inability to receive or retain knowledge.

Your present registration law requires a nurse to pass but two years in a hospital, whereupon she becomes eligible for examination for the title of R.N. I conclude, therefore, that it is the opinion of your board that a woman can be made a competent nurse in that length of time. If that is your opinion, then every additional year that you compel the pupil nurse to serve the hospital is in the nature of a tribute, a sort of hospital graft extorted by the power of combination. Most hospitals compel the pupil to serve a term of three years, and some require four years of servitude. I say servitude advisedly. During those three years of hospital work, were you not by day and by night, Sundays and holidays, the actual property of the hospital? Do you know of any apprenticeship, be it in trade or art, which can compare in severity and bondage with that of your apprenticeship? Much of this severe discipline is no doubt essential to the proper regulation of the work, yet some of you are proposing to make it more arduous and longer, although your own law tacitly admits that a two years' course is sufficient.

I am quite willing to confess that I was formerly in favor of the three years' course, though I deny that I have ever been of the opinion that it took four years to make a good nurse out of an intelligent woman. After a good deal of experience with nurses, and as a result of much observation, I am sure that I was in error when I favored the extension of the course to three years. I am now of the opinion of your board that two years is enough, so here is one doctor who is willing to confess to the error of his ways, and, what is more to the point, do what he can to further a return to the shorter term so wisely advocated by your board, as voiced by your law. If a young woman is not a competent nurse at the end of the two years' course, she will not be competent after three years, nor four years, nor twenty years, and hospitals which are extending the term of this industrial slavery are simply getting for nothing services worth at least sixty dollars a month. That is not charity nor religion. It is high finance. More-

over, the hospital takes good care to exact payment of tribute to the uttermost farthing. It will have, to the last grain, its pound of flesh. Should one of you fall ill of typhoid fever, contracted while nursing in the wards, you are allowed to graduate with your class, provided your illness is not too long, but afterward you must serve the hospital until you have paid up to the last moment for your absence from service. If this is not industrial slavery, I do not know what it is.

Present conditions are hard enough. I beg of you to consider before you make them harder. It has been said that the doctors are to blame for some of the existing evils, especially the overtraining. I have read over carefully the proposed curriculum for training-schools, and was forcibly reminded of the reply of one of the kings of Israel to a certain petition: "My little finger shall be thicker than my father's loins. For whereas my father put a heavy yoke upon you, I will put more to your yoke." I doubt whether the king's petitioners got much comfort from his answer. If, as members of a nurses' association, you are really interested in the future of the trained nurse, I ask you to read carefully the proposed curriculum as published in the May number of THE AMERICAN JOURNAL OF NURSING, and then say, frankly, whether my quotation is not apt. This appears to be the nurses' solution of the problem, but I venture to hope that it is not the solution which your association will finally accept.

Do not, however, mistake the spirit in which I address you. I have nothing but admiration for the motive which prompts your state board in publishing this curriculum, and for the effort which you are making for the betterment of present conditions. It is possible, however, to raise your standard too high. It is possible to be unjust to your pupil nurse when you require her to study a lot of things which have as much relation to nursing as surveying and navigation have to medicine. The course is hard enough as it is, both mentally and physically, and it ought not to be overburdened with non-essentials. Permit me, therefore, to discuss this proposed curriculum in a fraternal spirit. May I remind you of the notice posted in a church in Texas? "The audience is requested not to shoot at the organist. He is doing his best."

There is an economic side to this question. There ought to be a reasonable proportion between the time taken to acquire marketable knowledge and the market value of that knowledge. Thus, a man or woman could fairly be expected to spend seven or eight years in preparation for a life-work if the average income afterward was to be fifteen hundred dollars or two thousand dollars. I

think I hear some of you say to yourselves: "Why, that is ridiculously inadequate for so long a course!" So it is, but is the income of the average nurse anything like that? There are careers in life, however, in which the actual income bears a very small proportion either to the value of the services or the time taken in preparation therefor. Thus the highest income which a man can expect in the army or navy is fifty-five hundred dollars and this only after years of service on a salary which will not average over three thousand dollars, and several examinations for promotion when in the medical service. After retirement, however, the officer draws a pension of two-thirds of his pay at the time of retirement. This is equivalent to an unassailable capital of fifty thousand dollars. Is there any such prospect open to the trained nurse? If she loses her health in the line of her duty, is there any one who stands ready to pension her for the rest of her days? You see, therefore, from the economic standpoint, that the time taken in your education ought to bear a reasonable proportion to your expectation of income and the permanency of your employment.

It will be useful here to inquire as to these matters. First as to income. I have taken some pains to get at the actual average income of the average nurse by inquiry of the nurses themselves, and I find to my utter astonishment that it is a little more than half of what I supposed. If any one had asked me to state a figure, I should have said between nine hundred and one thousand dollars, but the nurses say that it will not average over six hundred and fifty dollars, taking the good years with the bad, and the enforced absences due to personal illness and over-fatigue. Now, as to the permanency of employment, the estimate of the average duration of nursing life has been given me as low as seven years, and in no instance has the estimate been higher than ten years. I do not mean to say that there are not now in active service nurses who have been nursing for a longer period, but they are certainly the exception. The duties of the position are so severe that only a relatively young woman is equal to their fulfilment. In view of these facts, I respectfully ask you whether a woman ought to be required to surrender from five to eight years of her life in preparation for so brief and so poorly paid a career? But, you ask me, how do I get these figures? Look at the requirements of many of your training-schools. There are not a few which insist that the applicant must be a high-school graduate. That is a four years' course, which, added to a three years' or four years' course in the hospital, is seven or eight years respectively.

Your proposed course since January, 1906, compels a stay of one year in a secondary school. So, if you add this to the three years which most hospitals require, the shortest time of actual preparation is four years. Do you think the returns warrant the outlay? I am perfectly willing to admit the truth of all the fine things that are said about a nursing career, but, nevertheless, it is just that a young woman should weigh all these things before she enters the school. It has been my experience that very many nurses, perhaps the majority, have others depending upon them for support. You may say all the fine things you like about the nobility of your career and its self-sacrifice, but that won't help you to take care of your old mother, or give you the means to assist a young brother to get his education. In other words, if you are going to so increase the educational requirements that there is an absolute want of balance between them and the pecuniary results after graduation, two things will happen: young women will seek other ways of earning a living, and the so-called ten weeks' schools will flourish. The correspondence schools will increase, in number and audacity, and we doctors will get a great many more cards from agencies for "experienced nurses" than we now do, and the public will avail themselves of these under-trained and incompetent women, to your great detriment. There is no escape from this conclusion.

I regret that a due regard for your patience, and the length of time I have already detained you, forbids a full discussion of your proposed curriculum. It does not seem to me to be a course that can be covered in less than four years. Perhaps I underestimate the capacity of the pupil nurse, but let one example serve to illustrate what I mean. Take, for instance, the sixteen-day course for probationers. In this time the probationer is to be taught, besides all the practical work of the hospital, eighteen lessons in the theory and practice of nursing, eight lessons in elementary anatomy, and eight lessons in bandaging. The practical work includes the care of rubber goods, care of helpless or stretcher cases, taking temperatures and pulse, charting same, bedside notes, preparation of mustard pastes, stupes, poultices, care of toilets, bed-pans, catheters, douche nozzles, and instruments; enemata, purgative, nutrient, and stimulative. Space and time forbid me to name all that these probationers are to be taught in sixteen days. Of the eighteen lessons on the theory and practice of nursing I will mention only one or two: the metric system, signs and abbreviations, weights and measures, administration, value of the different methods, classification of drugs; a general knowledge

of the preparation, strength, dose, physiologic action, poisonous symptoms, and treatment of aconite, alcohol, arsenic—to cut the list short, of no less than fifteen poisons. It would take a diligent medical student at least two months to get even the most superficial acquaintance with the topics given in the eight lessons in anatomy outlined for this sixteen-day probationary term. Under the head of bandages, not less than a dozen are mentioned, which the pupil is to be taught in the same preliminary period of sixteen days. One is tempted to inquire whether, if pupils can be taught all these topics in sixteen days, there is any use in even a two years' course?

As one reads the remainder of the proposed curriculum, it appears as if a great deal of time and energy has been devoted to the acquirement of knowledge which has little real bearing on nursing the sick. If I were asked to state what the functions of the trained nurse are, I should answer, first, to care for the bodily needs of her patient; second, to carry out the orders of the physician; third, to record the vital phenomena of the patient. Everything that the nurse does must come under one of these heads. Yet in the proposed schedule of instruction we find such matters as the following: "Lesson 2, mineral food, mineral waters, salts, amount found in the body; necessity in food; food value in heat, energy, tissue building. Kinds: calcium, sodium, phosphorus, magnesium, iron, sulphur, potassium, uses in body," etc. Under the head of practical work, the pupil is given a little excursion into blow-pipe analysis, and is required to apply the flame test for sodium, potassium, calcium and strontium by borax bead and Bunsen burner. In another lesson the pupil is given instruction on sugar: comparison of sucrose, glucose, levulose, lactose, with source, preparation, composition, properties, digestion. From these lofty heights, the pupil descends in the practical work "to make cranberry jelly, to bake an apple, and to make peanut brittle." Evidently the nurse who survives this course will be a chemist, a physiologist, a cook, and a confectioner. Any one who cares to peruse the pages of this remarkable course will find paragraph after paragraph of instruction concerning abstruse chemical and physiological subjects which have absolutely nothing to do with nursing the sick. I do not believe that four years would be too long to really complete this course, and at the end of that time we should have a nurse with a lot of knowledge of not the slightest use to her or to her patient, at least two years of whose time would have been wasted in the acquirement of a lot of theory without bearing on her work. Why should the nurse be taught urinalysis or the use of the microscope, as set forth in one

prospectus, or the manufacture of the various culture media used in a bacteriological laboratory? A nurse has responsibility enough without burdening her with responsibilities which are distinctly those of the doctor. All these things simply increase the labor of the pupil in the hospital, take her time and her energy, and are perfectly worthless in the end. If there is in life any harder task than that of the pupil nurse, I should like to know what it is. She is on her feet ten to twelve hours a day for eleven and a half months in the year. She has few holidays, little relaxation, and an enormous lot of hard and often repulsive work. She rises by rule, she eats her meals—mostly bad—by rule, she is a hospital machine. How any body of fairly merciful women can have it in their hearts to increase her labor by loading her down with all sorts of useless theory which she will promptly forget, is beyond the ken of man. I trust that as an association you will consider this matter carefully. I do not believe that this scheme will ever be put into effect, since it is so obviously unfair and out of proportion.

The hospital is far more indebted to the pupil nurse than the nurse is to the hospital. Superintendents are too apt to speak in a somewhat grandiloquent manner of the enormous expense the training of the nurse is to the hospital. One thing is certain: the expense is n't in the food. I should like to know what the hospital would do to-day without the pupil nurse. We are absolutely dependent on them for the proper care of the sick in our wards. A more hard-worked, uncomplaining, and useful band of women I defy you to find anywhere. Do not say to them as you are to take these matters into your own hands: "For whereas my father chastised you with whips, I will chastise you with scorpions." I have faith to believe that when you finally put into effect a new course of study for pupil nurses, it will be on the lines of the recent examination papers of your State Board of Examiners. It is with great pleasure that I read over the list of questions. Anything fairer, more judicious, or better qualified to test the real knowledge of a nurse and her capacity to do honor to her guild and faithful work to the public, it has never been my lot to see. As long as your course is conducted on the lines of those examination papers, the pupil nurse will have cause to thank you, as will the public and the doctors.

A WITTY Western woman said, recently: "Apropos of automobiles, the world is still divided into the quick and the dead."

THE EDUCATION AND TRAINING OF NURSES *

By NANCY C. CADMUS

Graduate Presbyterian Hospital, New York City; Late Superintendent Faxton Hospital, Utica, New York; Superintendent S. R. Smith Infirmary, Staten Island, New York.

Through no fault of the secretary, this paper was assigned to me at so late a day that, with my own hospital duties just now a little excessive, I found myself quite unable to carry out a plan which would have enabled us to secure the individual views of many of the superintendents of schools of nursing, and consequently may possibly have failed to bring out the idea as intended by those who arranged the program of to-day.

The question of the education and training of nurses has so many aspects to be considered, that to treat it exhaustively would take a much more lengthy paper than I have had opportunity to prepare; so we can only hope to touch upon some of the features now existing, and, possibly, offer some ideas that may at least aid us in answering satisfactorily to ourselves and others the criticisms made upon the present system.

Are the nurses of to-day overtrained? Can you conceive of young women who are to assume the responsibilities connected with the work of trained nursing being too well trained?

Because of the criticism charging that nurses are being trained beyond the necessary point, it is well that we should consider it calmly and judicially, and come to our decisions only after careful consideration.

If the right sort of preliminary education could in every instance be met with, then this work would be very much simplified. Kindly pause and consider: in the three years' course we find that in addition to imparting what is deemed the strictly necessary technical knowledge (whether rightly or wrongly determined as to degree remains to be decided) we need to develop latent qualities which nothing in the young woman's life has ever before called into play, to eradicate false notions which are detrimental to a correct conception of our profession, to encourage characteristics favorable to her development

* Read at the informal meeting of the New York State Nurses' Association in Brooklyn, November, 1906.

as a nurse, to discourage traits inimical to her professional success, to cultivate habits of neatness, method, and to insure the acceptance of the discipline which must prevail in order to protect properly the great human interests intrusted to us.

It is doubtless true that we have reached an epoch in the history of trained nursing when we need a shaking up. Is it not possible that we have submitted too readily to conditions and realized too little how possible the working out of a good system must always be when one has the courage of her convictions, or that, on the other hand, in the endeavor to secure improved methods, the environment has not received enough consideration?

It is axiomatic that strength and development, either physical, mental, or moral, come only through the exercise of organs of faculties. Do we want young women who have no ambitions, no aspirations? No one will answer affirmatively, I am sure. Then, what have we to offer them?

In the human economy a great lesson is taught us: namely, that an equalization of supply and demand secures the normal. May this not be true in the training of the nurse? Give her knowledge well tempered by an intelligent understanding of the deeper meaning which creates the difference between trained and untrained nursing, give her increasing responsibilities following upon a comprehensive fundamental theoretical knowledge, and you vastly increase your chances of securing the proper balance.

The long standing method of uniting the theoretical and practical education of the nurse is, very possibly, responsible to a large degree for the shortcomings of trained nurses. Already some of our larger schools have taken steps to break away from this custom; but what are the majority of the schools doing? What should—and would in most instances, under proper conditions—be a joy and delight to our pupils, is made a burden, and all too often a cause of loss of nerve vigor.

Why? Because at present, where the old system is adhered to, the preparation of the theoretical work on the part of the pupil is mainly made under more or less physical strain. The meeting of the requirements in too many instances makes it impossible to give proper attention to the best interests of our pupils in the matter of taking them through their course with unimpaired health. I do not wish to be understood as implying that we are sending forth invalids, but too many go forth from their training with a loss of youthful vigor and good recuperative powers.

Perfect our system as we will, there will never come a time when nurses can be sufficiently well trained without some physical weariness; but under correct conditions that can do no harm. Separate the burden of the theoretical from the practical, letting the practice be expression of the theory already learned, and you have minimized the danger of pushing your pupils beyond a rational point as regards their health, and, further, you have furnished them with a broader opportunity to escape the dangers of the imperfectly trained nurse.

Because of the fact that the major part of the instruction of the pupils is conducted by either the superintendent or the supervisor of nurses—and, naturally, the former, with her general hospital duties, cannot spend many hours in this manner—a plan must be devised that will consume as little of the time of these two officials in the strictly class work as possible. Therefore, herewith is offered a tentative plan which is perhaps adapted to hospitals having from seventy-five to one hundred and fifty beds, and such as embrace the superintendent of hospital and training-school under one head. In such hospitals let there be schools numbering from thirty to fifty pupils, the scope of the work embracing both private and ward patients, the service including medical, surgical, gynæcological, contagion, care of children, and obstetrical experience, the latter obtaining either in the home institution or through affiliation with some maternity hospital. The plan of work provides that the applicants shall enter in two sections, the first in March and the second in June. The probationers may spend from seven to nine A.M. daily on the wards, from nine A.M. till four P.M. in class instruction, demonstration work, relief time, and study periods. At four P.M. they return to the wards, where they may assist in many of the less responsible features of the work that are bound to arise, as also in some of the routine duties incident to closing up the day nurses' work. It is true that the use of such a plan will necessitate the repetition of the work each year, and that may possibly be regarded as one of the objections. At the end of the first three months for the second group, and the first six months for the first group, the two may be merged into the Junior class, and the study of more advanced work begun. In order to do this, the Junior nurse must not be expected to serve on the wards more than eight hours.

I appreciate the difficulties that might arise, but I believe that thus confining the theoretical work, in a large measure, to the first year, arranging that that of the second should be such as will not require a great amount of preparation, and providing that the third year shall be a time of development and application of the principles

already learned, will tend toward removing many of the objectionable features of the system. When we realize the numberless phases of practical knowledge that can be mastered only through the actual assumption of duties and responsibilities, we can appreciate the value of leaving the nurse in her third year unfettered with preparatory work. When her twelve hours of duty are ended she may relax and allow her mind to turn to subjects foreign to nursing.

When that millennial day so alluringly pictured to the ignorant and unwary dawns, when short-cut methods such as are offered by correspondence schools prevail, then will physicians and the laity appreciate the need of almost military requirements to produce nurses who are well fitted to assume the responsibilities inherent in their work. I doubt very much whether the tremendous responsibilities assumed by superintendents of schools of nursing are generally appreciated. The endless planning and study required to provide adequate service in all the departments of the hospital, the meeting of the varied requirements of physicians, patients, and patrons, the providing for the daily, yes, hourly exigencies which arise through the unexpected and unavoidable, emphasize the need of alert, well-informed nurses to interpret and execute the constant calls for action.

While I am only too conscious that I have left far more unsaid than I have said, still I earnestly hope that these few words have given some food for thought that will aid us in meeting this question promptly, and will bear fruit in action that will be for the betterment of our profession, which undoubtedly has come to stay, but upon what basis rests entirely with the trained nurses of to-day.

BROWN BREAD

This is the brown bread for which Mrs. Grover Cleveland's table is famed:

One bowl Indian meal, one bowl rye flour, one bowl sour milk, one large cup molasses, one teaspoonful soda, one teaspoonful salt. The whole must be mixed thoroughly and steamed two and a half hours, then baked from twenty minutes to a half-hour, depending upon the heat of the oven.

METHODS OF NURSING IN THE NURSES' SETTLEMENT, NEW YORK CITY

By JANE ELIZABETH HITCHCOCK

Supervising Nurse, Henry Street Settlement, New York City.

The Nurses' Settlement, New York City, recently incorporated under the title of the Henry Street Settlement, is the outgrowth of the work of two nurses, Miss Lillian D. Wald and Miss Mary M. Brewster. Upon the foundation of their years of personal effort has grown a large plant which has divided itself into four definite branches of usefulness. Each branch has its own head, but each is alike under the guidance of Miss Wald, much as the colleges of a university are gathered under the sheltering wings of their *Alma Mater*. These four branches are:

1. Civic work—fights for (clean) streets, better schools, more parks, improved housing conditions, etc.
2. Social work—clubs, classes, kindergarten, gymnasiums, etc.
3. Country work—summer fresh-air parties, camps, vacation houses, convalescent homes.
4. Visiting nursing.

It is with the last branch mentioned, the visiting nursing, its aims, system, and method, that this article has to deal. From time to time nurses make casual visits at the Settlement, and from the questions that are put to us we realize that we have been so busy growing and developing that we have probably not taken our sister nurses sufficiently into our confidence. It is doubtless our fault that in those from whom we naturally expect the greatest sympathy we have sometimes felt a lack of understanding.

The nursing staff of the Henry Street Settlement to-day numbers thirty trained nurses. Five of these are busied about the various executive posts, heads of different branches, convalescent homes, etc. The remaining twenty-five have to deal directly with the visiting nursing, and include a supervisor, an assistant supervisor, and twenty-three staff nurses. As we are dealing in this article with the subject of the *visiting nursing*, we shall touch only upon the work of the twenty-five who comprise the nursing staff as related to the visiting nursing. Of this group the two supervisors and ten staff nurses are of the household at 265 Henry Street. The remaining thirteen live in other settlement houses scattered throughout the city, or in flats

of their own, but always in the neighborhood of the people whom they wish to serve.

A new-coming nurse, except in cases of emergency, begins her work by making residence at the headquarters, the Nurses' Settlement, 265 Henry Street, and is assigned to one of the near-by districts. These particular districts, by reason of the density of population about and also because they comprise the oldest field of the Settlement, are small, and the new-comer avoids the confusion of being obliged to learn a larger district at once. Her work is at first very carefully supervised. Be she a training-school superintendent who, wearied of overmuch organization, desires to spend some time in the simple "laying on of hands," or be she a young woman fresh from hospital walls, she has in her early days the same careful oversight, that all misunderstandings of peoples and customs may be avoided, and that a uniform method of nursing may be maintained. There is no established period of probation, but no nurse is considered with reference to a definite post until a month at least has been passed in the service. Some, of course, show aptitude early, while to others the understanding of the point of view of those who live under conditions and with traditions so foreign dawns slowly. If there seems to be a dawning light, a nurse is retained at the Settlement to give it every chance of development. The Settlement feels that its mission is not merely to maintain a perfect staff of assistants, but that it also has a rare opportunity to help others to an understanding of the problem of the poor man, irrespective of where her final field of work may lie.

After a nurse has proven her fitness for the work, and her desire to remain in it, she is accepted as a regular staff-worker, and may either be retained at the Nurses' Settlement or sent to one of the outside posts, where her responsibility is greater and her opportunity for individual expression larger. Much care is taken in the selection of the women for these outside posts. Her months of work in the parent house must have proved her to be absolutely reliable both in sincerity and in judgment, and she must be so thoroughly imbued with the method of work that there may be confidence that the farthest outlying district is being conducted on lines identical with every other post. Each nurse's personal taste is considered, and the one who finds herself most in sympathy with the Irish people is sent to an Irish district, the Italian sympathizer to an Italian district, the Jewish to a Jewish, the Bohemian to a Bohemian, etc. It will be observed that following out this line of procedure makes the Nurses' Settlement serve as a sort of training-school for visiting nursing both

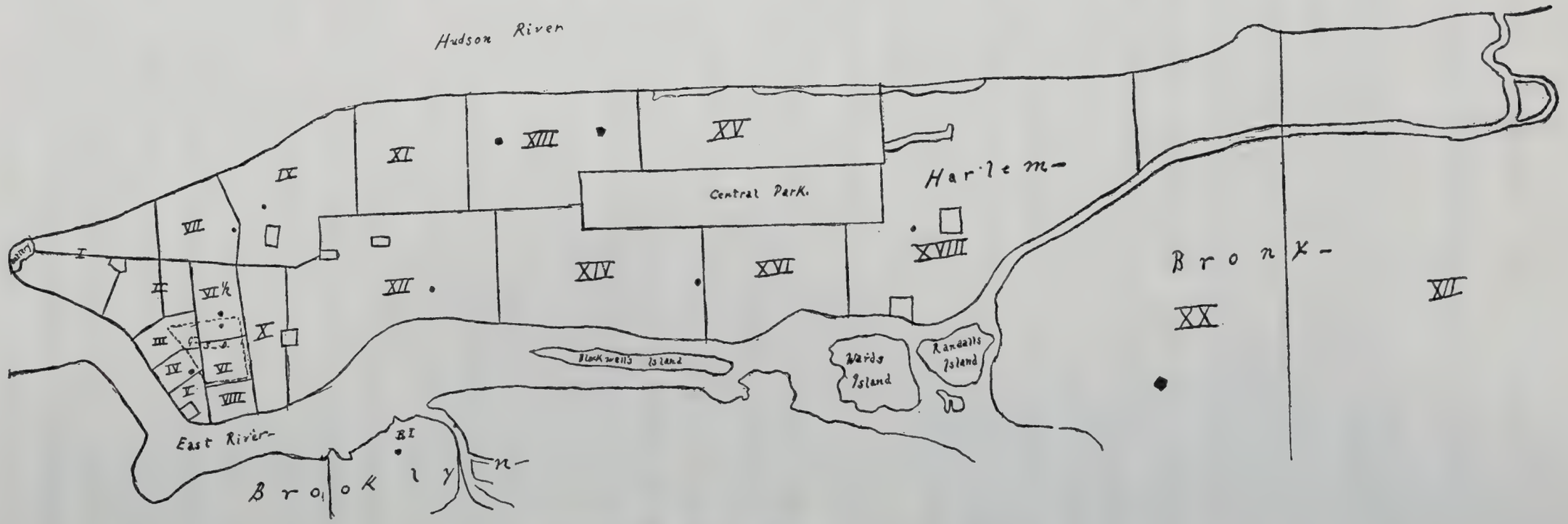


Chart showing district lines and (•) nurse in residence.

for New York and for workers far afield. Many nurses who have tired of some special line of work, or who want to study visiting nursing with a view to finding out their own degree of fitness, are admitted to the staff for a period of time on exactly the same terms as those who apply for definite positions. In the spring and summer, during the vacation period, there is especial opportunity for nurses to make a trial in settlement work. These months being the "slack" time for private nurses, many are glad to act as substitutes and at the same time find out for themselves if there is not something of satisfaction for them in the life of the visiting nurse.

The nature of the work from a professional point of view varies very much, according to the nature of the district. In that crowded part known as the "lower east side," where the settlement nurse has had a foot-hold for fifteen years, and where the early arrivals from Ellis Island are filled with much distrust of hospitals and institutions, the service is very acute. Pneumonia predominates, and typhoid fever and meningitis follow close on its heels. On the surgical side burns of all degrees are very abundant, and leg ulcers are always with us. Unlike many visiting nursing organizations, our obstetric service is small. The free midwifery service from two or three obstetrical hospitals makes fairly good provision along this line, and, coupled with the work of foreign-born midwives, covers this field to a great extent. There is, however, a small service among the class who can pay a little for the help of a visiting nurse at this time, and there are at the Settlement one or two nurses specialized to obstetrics, according to the number of cases on hand.

New York City is also favored in that the Department of Health has a staff of nurses who assist in cases of diphtheria, scarlet fever, and measles. The settlement nurses are thus spared a complication, and may retire from a case of contagion, knowing that the gap will be filled by a nurse from the Department.

The remuneration of visiting nurses is not large, but when it is borne in mind that it is an assured income, with one month of vacation on full salary each year, it is able to hold its own against a larger but less certain income. The salaries of the Nurses' Settlement compare fairly well with those of other localities. For the initial month, the month of probation, one-half salary is paid—thirty dollars—but as the board must be paid out of this sum, there is but small margin left. The first month safely passed, nurses are paid at the rate of sixty dollars per month for the first year. At the end of this time the salary is raised to seventy dollars and there are a few of seventy-five dollars for those who have been longest in the district.

A NEW CRANFORD

DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING

By ISABEL McISAAC

Benton Harbor, Michigan

PART SECOND

II. TOWN VERSUS COUNTRY

In the country we have been reading Miss Dock's account of some rural nursing in which an old man made a complete recovery after a serious illness, when no trained nursing was given him.

We are very jealous in the country of our rights and privileges, and we do assure the JOURNAL's readers that all the "modern improvements" of illness are to be found in the country as well as the city. The clinical thermometer is a part of most country-house equipment, and when Mary Jane has a cold we no longer give her a hot bath, a laxative, and a good greasing of her nose and chest, and send her to school next day with an extra flannel petticoat, but we take her temperature, and are so horrified to find it is 100° that we promptly put her to bed and send for the doctor, who prescribes three kinds of medicine and keeps Mary Jane in bed for a week, and poor mother out of bed most of the same length of time, the whole winding up with a good-sized bill, which father finds hard to pay when the crops are poor.

When the new baby comes, one or two trained nurses are a necessity; the mother cannot or does not always nurse him, and then the whole gamut of patent foods and combinations of milk, lime water, barley water, etc., etc., is run, sometimes two or three different kinds in one day; the doctor comes daily, off and on, for months, the whole family dance attendance night and day, the baby is spoiled until no meal or no single hour of peace ever descends upon the household, and at the end of a year the baby has no digestion and is a nervous wreck. We quite pride ourselves upon his condition, and our only real enjoyment in life is in talking over his symptoms.

We no longer have colds; it is either bronchitis or "threatened pneumonia." When we have typhoid, we fuss and fume and fret with doctors and nurses until we die. Any such recovery as Miss Dock records is unknown among us, but our temperature and medication

records are of the most highly approved kind and a great comfort to our surviving relatives.

When one of our neighbors, who is an innocent young thing, has a round-cheeked, hearty baby who sleeps all night and most of the day, spending his spare time in laughing at his pink toes and fingers, we find that the mother comes from the city, and is densely ignorant of germ theories and clinical records, and does only the things her mother told her to, namely, keep the baby warm and dry and full, and that she does n't at all realize the great responsibility of bringing up her child, but actually finds him a great source of amusement and is quite ready to laugh when he does.

The smallest towns are building hospitals where chief surgeons and stiffly starched head nurses strike terror to ouf souls, making us wish mightily we could be allowed to die in our own beds and not be interesting subjects for medical research, nor have to endure town noises, dust, and food; but this is an age of progress, and such primitive nursing as Miss Dock describes is not to be tolerated when it is possible for us to pay for the blaze of medical glory arising from the modern hospital.

PRACTICAL RESULTS OF STATE REGISTRATION FOR NURSES IN MARYLAND

By SARA E. PARSONS, R.N.

Superintendent of the School for Nurses, Sheppard and Enoch Pratt Hospital, Baltimore, Md.

The act requiring the registration of trained nurses in Maryland and fixing a basis for such registration was passed March 25, 1904. It is too early to determine definitely the effects of the law, or to speak authoritatively upon its influence. That there has been a general effect in the way of an attempt to raise the educational standard in schools for nurses is, however, evident.

Some so-called schools have gone out of existence, while others have reorganized so as to come up to the required standard. Different schools have affiliated, and one hospital has opened wards for medical, surgical and obstetrical cases in order that its pupil nurses may get the general training requisite to registration.

About five hundred nurses have registered, and over three hundred of these have joined the state society.

The most striking result of the registration law thus far is the opening of a school for domestic science, starting its curriculum with

a course upon dietetics for nurses. This school could not have been established if it had not been promised the support of several hospitals that were bound to give that experience to their pupil nurses in order to meet the demands of the state law.

Last year one school was in a quandary as to how its pupils were to get sufficient instruction in cooking, but Miss Nutting, of the Johns Hopkins Hospital, allowed the class to take a course at the school connected with that hospital.

When the new cooking-school opened, the superintendent of the school above referred to, on learning that the sixteen lessons in cooking for twelve nurses would cost $75, was afraid she could not raise the money. However, much to her surprise, she found it was comparatively easy on account of the gratification expressed by the patients regarding the improvement in the diet as a result of the education of the class that had taken lessons at the Johns Hopkins Hospital.

The real test of the worth of the law is coming two or three years later, when the Nurse Board of Examiners will have an opportunity to compare the standard of graduates of different hospitals educated under the requirements of the law and of those who have been in training during the transition period.

It has not been easy for all the schools to meet the requirements, and it will take time to make sure that in seeming to do so—according to circulars of information—they really have accomplished the purpose.

FOR SORE FEET

When the feet are sore, as from long walking, take a teaspoonful of Epsom salts, five or six drops of tincture of capsicum, and put in a shallow basin of water—just enough to cover the soles of the feet—and soak them twenty minutes. One will be surprised at the relief this will give. It will also cure burning of the feet, that so many are troubled with in the summer.

There is a difference between one who can feel ashamed before his own soul, and one who is only ashamed before his fellow-men.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

A Simple Truss for Children.—An efficient, cheap, and cleanly truss for use in cases of inguinal hernia in infants is described by Fiedler in the *Zentralblatt für Chirurgie*. It consists of an ordinary skein of zephyr wool which is provided at one end with two tapes. The skein is passed about the child's body, and the end having the tapes is slipped through the loop and across the inguinal region between the legs. It is then secured in this position by tying the tapes around the legs. A number of such skeins are kept on hand and washed as often as necessary. The efficiency of the device is increased by placing a small pad over the hernia.

This truss is well known in this country.

Meat as Source of Chronic Obstipation.—The *Journal of the American Medical Association*, quoting from *Therapie der Gegenwart*, Berlin, says: "Kohnstamm believes that there is some substance among the products of intestinal digestion of meat which has a direct inhibiting effect on peristalsis, or it may possibly act indirectly by checking the secretion of the intestinal walls and thus rendering the contents of the intestines drier, which in turn renders them less susceptible to the peristaltic action of the intestines. He advises constipated patients to refrain from meat, eating abundantly otherwise, with plenty of milk and butter. In from two to four days the bowels will be acting normally. Kohnstamm thinks that Nature intended man to eat like the monkeys, and that he is not a carnivorous animal."

A Case of Frozen Feet Treated by Thermaerotherapy.—The *Medical Record*, quoting from *Archives of Physiological Therapy*, says: "Francis S. Skiff had under his care a patient whose toes had been frozen. The toes of both feet were lifeless, and in half of each

foot when pricked with a needle there was little sensation. After treating the feet for three days with hot bichloride packs, the writer turned to local, dry, hot-air applications. The patient was made to place his feet in the apparatus at a temperature of 140-150° F., three or four times a day, for from an hour to an hour and a half each time, during a period of two weeks. After two treatments the patient felt better. The feet were finally saved with the exception of a part of the two great toes and the second toe. The after-treatment consisted of antiseptic dressings and irrigations with lysol or carbolic acid solution."

Sterilization of the Hands.—The *Birmingham Medical Review*, as quoted by the *Medical Record*, says: "Apropos of the various procedures in use for sterilizing the hands, Leedham-Green says that unless the hands are in an exemplary cosmetic condition good results cannot be obtained by any method. A roughened or chapped hand does not admit of disinfection. Even after the most prolonged and energetic washing of the hands in soap and hot water, it is not possible materially to diminish the number of microbes on them, and there is no advantage to be gained by unduly prolonging this washing process, as the hands never become sterile, and, owing to the loosening of the epidermis, generally appear more infected after than before the washing. The use of turpentine, benzoline, or xylol during or after the washing with soap and hot water, or of soaps to which antiseptics have been added, does not appreciably improve the results. The aqueous solutions of carbolic acid, lysol, perchloride, or biniodide of mercury are practically powerless to affect the microörganisms situated on the hands, and the use of these antiseptics after a thorough preliminary washing of the hands utterly fails to render them sterile. The use of a saturated solution of permanganate of potash followed by the application of strong oxalic acid gives wholly inadequate results. Alcohol, owing to its property of hardening and fixing the superficial cells of the epidermis and its marked bactericidal action, possesses a remarkable power of sterilizing the hands, far surpassing that of all other agents. Of all the methods tested, the best results were obtained by the following modification of Fürbringer's process: (*a*) The hands are first scrubbed for five minutes with soap and very hot water (about 50° C.), the water to be frequently changed. The use of sterile sea-sand as an addition to the nail-brush is an advantage. (*b*) The hands are then rubbed with methylated spirit for three minutes. (*c*) Afterwards scrubbed for a minute or two with 70 per

cent. sublimate-alcohol (1 in 1,000). (*d*) And finally rubbed until dry, and polished with a sterile cloth.''

Sprains and Their Consequences.—W. Bennett in the *British Medical Journal*, according to an abstract in the *Medical Record*, divides sprains into three classes: 1st, those involving the soft parts only; 2d, those associated with fracture; and 3d, those with gross nerve injury. He notes that deferred or remote swelling in deep sprain may show itself a long way from the seat of the original injury in consequence of its being caused by the blood tracking along the fascial planes in the lines of least resistance. In all cases of sprain the first thing to determine is whether fracture coexists, and this can be done by radiography. We should next eliminate the existence of gross nerve lesion. If numbness is found and if it persists for more than twelve hours a gross lesion of the nerve branch is pretty certain. In sprains without swelling, the first indication is relief of pain. We should rest the part and exercise pretty firm compression. This having been effected, massage cannot commence too soon. If extravasation of blood is present, we should first stop the bleeding. Rest is the best remedy. Ice applications are practically useless, and in persons with renal lesions may easily cause sloughing. Hot fomentations, however, are often of value. The increase of the immediate swelling having ceased, should the part involved be a joint, firm pressure by means of a porous bandage, firmly and evenly applied for twenty-four hours, followed by massage, gives the best and quickest results. The use of impermeable rubber bandages is unadvisable. For the prevention of adhesions and muscle waste, voluntary movements, massage, and passive movements rank in the order mentioned. Slight voluntary movements cannot be commenced too soon; splints, therefore, should in a general way not be used. The patient should, in fact, from the earliest moment amuse himself by seeing how far the part, if a joint, can be bent without permanent increase of discomfort. Massage should not, except in special circumstances, be delayed for more than twenty-four hours or at the most thirty-six hours after the cessation of increase in the local swelling. Passive movements should follow freely as soon as all heat has left the damaged part. In regard to remote consequences of sprains, the author makes the following tabulation. Preventable consequences are persistent pain, stiffness, muscular wasting, general joint relaxation, and deformities. Unavoidable in certain cases are osteoarthritis, local paresis, and myositis ossificans.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK

THE INTERNATIONAL CONFERENCE IN PARIS

THE Director of the *Assistance publique* in Paris, M. Mesureur, has kindly consented to present a paper at the coming conference of nurses, describing the work of his department in the education and organization of a secular staff of nurses. The revolution which has taken place in French hospitals during the last twenty years has been considered in this department more than once. The *Assistance publique* of Paris is, in some respects, analogous to the Commissioners of Charities departments in our large cities, though none of our city fathers rule over so enormous a hospital and nursing population as those of Paris—about twenty large city hospitals and nearly twenty thousand nurses coming under the regulation of that branch of the municipal government which is directed by M. Mesureur. The paper which he has promised to give us will be an important feature of the Conference.

M. Mesureur takes a deep and highly-expert view of the nursing question, and has written much on it, his article called "The Mission of the Modern Nurse," reprinted from the *Revue Philanthropique* December 15, 1906, being especially notable.

Another paper of great historical interest that is promised will be one written by Mme. Gillot, who was for many years engaged in the work of instructing the lay nurses under the department referred to. Mme. Gillot is not a nurse, and the teaching she gave the pupils was on general, not on nursing, subjects. She was also the foundress of the *Bulletin Professionel des Infirmières et Gardes-Malades*, the oldest journal in France devoted to the interests of nurses and nursing. Mme. Gillot has all the feelings of a devoted teacher and mother for the thousands of lay nurses in the great hospitals of Paris. In her narrative we shall hear of an effort of a kind, and of an extent, that will seem to open up a new world to our advantageously-situated workers.

Dr. Anna Hamilton, who is so widely known for her great achieve-

ment in introducing the English system of training-school organization and teaching into a hospital under her charge in Bordeaux, and whose writings in behalf of the modern system have kept pace with her actual results in work, has, as we have already mentioned, promised to give a full account of her work. Dr. Hamilton has actually done, in France, what Miss Nightingale did in England; that is, she has established a school that is a model and example, and has ceaselessly and untiringly advocated the correct principles of nursing by speech and pen. Her activities have also been described in this department, and we have shown photographs of the training-school at Bordeaux. The nurses of the Bordeaux hospital and others of their branches have recently established the nursing journal called *La Garde-Malade Hospitalière,* organ of the schools for nurses on the Florence Nightingale system. Dr. Hamilton's paper will be of immense importance.

Mme. Alphen-Salvador, who takes a lively interest in the questions of nursing education, has also promised to tell of her establishment of the school in Rue Amyot.

Probably one of the most stirring papers of all will be one which is promised us by Dr. Bourneville, who has been active in the movement for laicisation from its beginning. American nurses are in general so unaware of French conditions, that they will not realize the full significance of the announcement that Dr. Bourneville will take part in our conference, but after it is over they will be able to appreciate better the fact that we are receiving cordial recognition from a group of people who have been concerned in making very important history.

At home, Miss Matilda L. Johnson, head of the Visiting Nurse Association in Cleveland, has promised to write a paper on the development of the trained nurses' share in combating tuberculosis; and we expect to give reports of Settlement Work, Visiting Nursing and the Public School Service. Our nursing journals are responding well and we have promises of history from almost all of them, with complete replies not in. Miss M. E. P. Davis, who has from the outset been a force behind THE AMERICAN JOURNAL OF NURSING, will give the history of that magazine, and Mrs. Fenwick's account of the *British Journal* will sound like a romance. Next month we expect to give details and information regarding stopping-places, hotels, and meeting-place.

ITEMS

England has an Open-Air League whose aims are to provide work at market gardening for cured consumptives, so that they may not have to return to dangerous trades and sedentary occupations.

The journal of the institute for training nurses known as La Source, of Lausanne, has an article describing the Waltham school, as this school has been based on the methods and system of La Source, which was thoroughly described in an article sent to the nursing congress of the World's Fair in Chicago. La Source, like Waltham, claims a specialty of training nurses in the "home," and the article quotes Miss Nightingale, but overlooks the fact that Miss Nightingale has specifically declared that nurses could only be properly taught in a hospital.

There was an interesting and a pretty ceremony not long ago at the Tondu Civil Hospital in Bordeaux, when Miss Elston, the Directress of Nurses, received the *Palmes academiques* during a visit of inspection made by a number of prominent officials of the state. The nurses and probationers were present during the proceedings, and the organization of the School of Nursing was explained to the visitors by Dr. Lande. The Tondu school, which is a daughter of Dr. Hamilton's school on the Nightingale system in Bordeaux, is notable as being the first of its kind in a civil hospital in all France.

The Matron's Council of Great Britain and Ireland has recently been represented by its able secretary, Miss Breay, at a United Hospitals Conference in London, where Miss Breay plainly pointed out that, while the nurses themselves, with their friends, were contributing all the funds to defray the necessary expenses of the movement for registration, their chief opponent in London, the Central Hospital Council, is fighting them with funds contributed by the different hospitals represented in it, and these funds are, presumably, a part of the charitable contributions made by the public to the hospitals. If this be true (and the charge has often been made in print and never to our knowledge denied) it is a very pretty kind of graft indeed, and shows what the English nurses have to contend against.

An American nurse now travelling abroad has had a very unusual adventure in Spain. Being desirous of seeing one of the large hospitals, she found obliging friends in the daughter of her landlady, who offered

to conduct her to one, and a young Spanish priest, who kindly gave a letter of introduction to one of the chief surgeons. On the way the friend said: "As there is no such thing in Spain as a 'nurse,' the doctors would never understand what you are, and therefore it will be necessary to introduce you as a doctor." Anticipating no trouble from this little bit of utilitarianism, the visit was successfully made; the surgeons and physicians most courteously showed the whole hospital, explained everything, and the American was invited to come the next day to witness operations.

Imagine her consternation when, in the evening, a hurried summons came from the hospital, saying that the surgeon who was to operate the next morning had had an accident to his hand, and would the visitor kindly consent to perform the operation (a laparotomy!)?

The poor nurse, who really had gone abroad to recuperate her health, had nervous prostration on the spot.

THE BEST LEMONADE

"I LEARNED a new thing," said a woman recently, "while visiting an English friend who is living in the country. We had a small dance one evening of my stay, and my hostess served the most delicious lemonade I ever drank. I spoke of it the next day, and she told me that it was made with freshly boiled water—the secret, she said, of thoroughly good lemonade. 'I have a regular rule,' she further informed me, 'which insures success if I am making a quart or a gallon. For a quart I take the juice of three lemons, using the rind of one of them. I am careful to peel the rind very thin, getting just the yellow outside; this I cut into pieces and put with the juice and powdered sugar, of which I use two ounces to the quart, in a jug or jar with a cover. When the water is just at the tea point I pour it over the lemon and sugar, cover at once, and let it get cold. Try this way once, and you will never make it any other.'"

APPROPRIATE.—It was the smallest girl in the class who told her teacher that her name was "Minnie, mum."—*Lowell Courier.*

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department*]

MALE CATHETERIZATION

DEAR EDITOR: Although I am not a nurse, but a teacher, I am very much interested in the progress of the profession of nursing, and so "butt in" to the discussion going on in your journal on the catheterization of male patients. I was disappointed to see the reactionary attitude taken by the editor. Is it justice to the nurse to say that her morals are tainted by this necessary work? Would any one dare make this assertion of our celebrated gynæcologists, who examine thousands of patients?—women.

Why does this superficiality and prudery prevail in the education of nurses and not in that of physicians? I am a student in a medical college, and I compared the books used by the nurses with those used by the medical students, and throughout the inferiority of the education given to the nurse was striking. The human body was everywhere expurgated and so were the lectures, although the nurses have a greater necessity for a thorough knowledge of the human body, both male and female, than we women in the medical school will ever have, as they have a much more extended practice among both sexes than we. The whole world of medical practice should be the nurse's, and she should *insist* on nothing less.

I read the statement that there are not enough nurses in the training-schools to make possible a thorough training for them. Would it be feasible to circularize the public and private high schools about graduation time, asking that the circular be read to the classes by the class president or posted on the bulletin board?

R. C.,
425 E. Fifty-sixth Street, New York.

MALE CATHETERIZATION IN THE WARDS

DEAR EDITOR: The question of male catheterization, by female nurses, is again before the eyes of the profession, and I have read with interest two or three articles, pro and con, in the JOURNAL OF NURSING in the last three months.

It seems to me that one point, and a very vital one, has been entirely overlooked in these articles; and that is, the moral effect on the patient, and his mental attitude towards such treatment and the nurses who are obliged to give it.

The moral status of a large number of the patients who fill the male wards in our hospitals, as well as their physical condition, is too well known to need comment.

The attendance of women nurses on these patients, at all, is possible only by the exercise of great dignity and discretion, to prevent the patient's presuming.

Can any woman who has nursed in the wards imagine for a moment that the nurse can catheterize a man without lowering herself in his eyes, and establishing, from his standpoint, a relation much to be deplored? The average patient cannot be expected to look at the subject in a purely impersonal and professional light.

If, on the other hand, the patient be a man of upright character, such a proceeding, in violation of all of his ideas of propriety, not to say decency, must be a severe shock to his moral sense—very disastrous, especially, in the case of young men and boys. Their reverence for women, and especially for nurses, is apt to be sadly shaken.

It has been said that catheterization can be performed "without exposure."

What of the touch? That cannot be avoided, the immediate contact of the nurse's hands. Is that not as objectionable as the exposure to the eyes? Quite as much so, it seems to me, and quite as likely to have an evil effect on the patient.

It has been quite often suggested that nurses should be taught to do this work on an unconscious subject. Anent which I wish to relate an instance which came under my own immediate notice. One of my nurses, in a large hospital, when on night duty, did, contrary to the invariable custom of the house, go with the orderly and assist him in catheterizing a male patient, in order that she might learn how.

The patient had been for days in a profound stupor; was thought to be very near death, entirely unconscious of all about him.

Contrary to all expectation, however, he recovered, left the hospital, and afterwards related, to a choice circle of friends, no doubt with embellishments, what had taken place during the time that he was profoundly unconscious!

It is so well known that people apparently entirely unconscious

often hear all that goes on about them, that using such patients for purposes of instruction is very risky.

The question of the effect of this teaching on the nurse is entirely another phase of the subject, but I do not believe that any girl could go through such an experience without detriment. I do not wish to be misunderstood in this matter. There may be occasions where such attention by the nurse is necessary to save life, or prevent prolonged suffering. Any true nurse is ready to meet an emergency; and I have been told by competent medical authority that a nurse accustomed to passing the catheter on the female could, with a very little instruction from the attending doctors, without difficulty pass the soft rubber catheter on the male, if it became necessary.

But such emergencies do not arise in the hospital; nor, in my humble opinion, should they outside, except where there is no man in the household, who can be instructed by the doctor, or where the doctor himself is too far off to be relied on.

ANNIE L. WILLIAMSON, R.N.,
Superintendent Oswego Hospital,
Oswego, New York.

OPERATIONS IN THE COUNTRY

DEAR EDITOR: The article in the January number of the JOURNAL entitled "Preparations for an Operation in the Country" aroused much interest among several of us practising in Nebraska, where practise in the country is so largely our work.

It is hard for us to imagine, outside of a *model* farm, the delight of having all the pitchers, basins, tables, chairs, and benches, mentioned by the writer, for she lacked nothing for a substitute; and, too, the surgeon was most generous with supplies. We would not presume to inquire as to the success of the appendectomy, nor doubt the smoothness with which the operation must have been accomplished.

Do not think me critical. In all sincerity, I hope the article is but an opening to us in the West. I believe that there are nurses, perhaps in the neighboring states as well as Nebraska, who could contribute letters through the medium of the JOURNAL that would be of untold benefit and interest to every reader, the letters to be faithful accounts of the experiences of the writer.

Surgical and medical work is equally divided in the practise of nursing out here. We are called, usually by the surgeon, taking

the first train, probably for a journey of several hours, followed by a long drive; the operation occurring at once upon arrival. To have two days to prepare is a rare luxury. Let me relate an incident that occurred last month. A prominent surgeon was called to a case out in the state and was asked to bring with him two nurses. We reached the town of Schuyler, were put in a buckboard, and bundled up in fur coats thoughtfully provided, for the night was dark and cold and it was sleeting and raining, making it very slippery. We had an eighteen-mile drive before us, with an appendectomy at the end of it! Within two miles of the ranch the buckboard broke down, necessitating our walking in the rain with heavy "grips" and leading the horses the remaining two miles!

The appendectomy was performed that same night, and the surgeon and his assistant were in the city by nine in the morning. Our preparation was made rapidly. Our minds were on the alert to make one basin do for three, one table do for two, one pitcher and a milk-can do for four pitchers, to keep peace and quiet in the family and to keep our wits keen as to an exacting surgeon's needs, calling forth all the ingenuity with which we were blessed. Last, but certainly not the least, we had to keep up a fire with corncobs. All this was done so quickly that I cannot recall in detail just how we contrived to make each thing we had do double, triple duty and still remain "clean."

In this instance, as in the majority of cases, we met with marked success, and I consider that we have greater odds against us in this country. On the farms and ranches in this Middle West people have but the actual necessities of living, not one iota more. With seventeen miles between the farm and town, remembering that medical and surgical supplies in small towns come at exorbitant prices, that the attending physician charges per mile, that the surgeon and nurse both receive their usual rates in addition to the railroad fare, we think kindly a second time before asking for more than we absolutely require, even to a small detail.

The nurse practising in the Middle West has many opportunities for practical work, to say nothing of the opportunities for exhibiting orginality and ingenuity.

In conclusion, let me add that we do not always meet with such accidents on the road, but there are invariably the long drives over the greatest and most wonderful country, under the grandest skies that no word or picture can depict, breathing the clearest, purest

air that has such a mysterious, indescribable effect upon you. The "bigness" of it all, its endless expansiveness, is not overwhelming but most exhilarating!

We would welcome nurses from the East. The field is broad and open, possibilities innumerable, experiences varied and interesting to a degree. We do not only want nurses for private duty, but especially we ask for those who will interest themselves in institutional work, in district and school work, and above all those who can give time and thought in the interest and advancement of their profession.

N. L. DORSEY,
Omaha V. N. A.,
Omaha, Nebraska.

"AFTER DEATH"

DEAR EDITOR: Ever since I read the article in the JOURNAL, several months ago, called "After Death," I have felt tempted to add a few suggestions.

An undertaker told me in bathing the patient after death not to turn him, or her, on the side,but leave flat on the back, placing two or three pillows under the head and well down under the shoulders in order to keep the blood from the head. Also, before arranging the pillows, draw the patient down to the foot of the bed with the feet against the foot-board and fold a towel in long narrow folds and pin around the ankles. This makes it easier to put the shoes on afterward. If the bed should be of brass or iron,with no foot-board, place a board or something firm across the foot of the bed.

I had always removed all but one pillow.

M. D. B.

OBSERVATION AND EXPERIENCE WHILE IN NEW MEXICO

DEAR EDITOR: I arrived in New Mexico early in the fall of 1905 after a very warm and tiresome journey. There was a wreck just in front of us, and our train sat on the roadside for twelve hours in Kansas. As there was not even an excuse for a restaurant within several miles, we were a hungry as well as a tired crowd when the train finally moved on.

My first impression of Las Vegas was a pleasing one, also of the hospital where my destination was. Though it had few modern conveniences, everything was in good order, and looked very professional. But the work was doubly hard owing to the poor arrangement of the building, which at one time had been a saloon. I soon

found that good trained nurses were very scarce, the majority of the nurses in the town having taken it up after a few months in a hospital or sanatorium as "help," and these wore white dresses and caps, and appeared to "the manner born"—to the indignation of the professional nurses.

The physicians I knew best did not seem to approve of these nurses, but would have to employ them when none better could be secured. The Superintendent and myself have both spent more time than we could well spare trying to get a good nurse for some trying case, to give up finally in despair, and content ourselves with any one who could sit in the room with the patient and call a nurse if he appeared worse.

The West seems to be a good field for private nursing, judging by my experience. Though we had quite a little surgical work in the hospital, the patients were mostly tubercular, and there was everything interesting in that line, and the experience was most valuable. As we had not a resident physician and could not always reach the attending physician in an emergency, of course we had to depend upon ourselves, largely. The treatment given by the different physicians varied very little. All prescribed rest, fresh air in abundance, nourishing diet and very moderate exercise. For hæmorrhages from the lungs—which are very common there—we put ice-bags to chest, and kept them from 12 to 24 hours, according to the severity of the flow. Gave morphine grs. $\frac{1}{8}$ to $\frac{1}{4}$, and sometimes atropine $\frac{1}{100}$. Of course the patient was kept well propped up in bed, and one physician preferred amyl nitrite (for checking the hæmorrhage) to morphine. All gave liquid diet every four hours.

The climate in Vegas did not impress me very favorably, and I failed to see the great advantage it has over a high altitude in the East for tuberculosis, especially as we had a great deal of rainy weather, and the climate seemed as variable as in the East. Being about 6500 feet above sea level, the moisture quickly dried out of the atmosphere. The consumptives who go there in the incipient stage do well, and, if they stay in the West in a high altitude, live the average number of days. But after the disease has gotten a firm hold upon the system, and after the first rally which change of surroundings and new interests cause, the patient either fails rapidly and finds a grave in a strange land or, after months of hopeless fighting, goes home to take his chances there.

It is very hard to induce these people to use the proper means for their ultimate recovery. They seem to think the doctors and nurses

are urging them to these measures because they have a grudge against them, and consequently carry out their orders very reluctantly.

The best results are obtained where people camp out on the ranches, bringing family or friends with them, and so have contented minds. There are several institutions in Vegas for the care of the "white plague," among them St. Anthony's Sanitarium, a Roman Catholic institution, where the nursing is done by the Sisters. It is a large and well-equipped building, and is generally full of the more moderate cases.

The Las Vegas Hospital is an eleemosynary institution, having only four private rooms, and here are usually received the most hopeless cases. The managers of the hospital are making strenuous efforts for a more commodious building with all the necessary equipments. This little hospital boasted the best operating-room in the town; the Sisters having taken theirs for a private room.

JESSIE S. FRANKLIN,
Graduate of Children's and Columbia Hospitals,
Washington, D. C.

RANK FOR THE ARMY NURSE

DEAR EDITOR: Referring to your comment in the foot-note following my communication in your last issue, I would respectfully invite attention to the text of the paragraph in which the phrase "convulsion of nature" occurs. I think you will admit that no reference, either direct or implied, can be found there to those through whose efforts the Army Nurse Corps was established. The subject under discussion was the relative status—position, place, or whatever you may see fit to name it—of officers and enlisted men in the army (army nurses belong in neither class). Hoping to emphasize my meaning, I borrowed geological phrase and fact. That my metaphor fell so far short of accomplishing what I intended is to be regretted. But I frankly confess that I fail to see by what stretch of interpretation anything in the paragraph above referred to could be construed as applying to the founders of the Army Nurse Corps. Surely there is not any one person from whom adverse criticism of that "group of women" could come with so bad grace as from myself. I deplore inexpressibly that my message was so awkwardly "put" that such a misapprehension was possible.

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

THE TAKING OF NURSES FROM OTHER SCHOOLS

DEAR EDITOR: We hear a great deal about loyalty to physicians, to school, to each other, but what about the loyalty of superintendents to each other, especially in regard to taking one another's nurses? It is quite possible a woman may do better in one school than in another, and it is very possible a nurse may have good cause for wanting to change; but there ought to be a right way of doing so. Surely it is a wrong way for a superintendent to receive without question a nurse or number of nurses who have left their school with or without good reason, or nurses who have been discharged, and allow them the time they have already served.

How are we to maintain an ordinary standard, not to speak of a high one, if this state of things continues?

A. E. B.,
Omaha, Neb.

CANNED GRAPES

PICK the grapes from the stems, throwing aside all unsound ones, and wash them well. Have the jars heated in water; place a silver spoon in the jar before putting the grapes in, then pour boiling water on and off the grapes three times; fill the jar with boiling sirup, made in the proportion of a cupful of sugar to a cupful of water, and seal at once.

PREVENTING GASOLINE STAINS

MANY women who attempt to clean silks and other delicate fabrics with gasoline complain that the gasoline leaves an ugly ring around the spot cleaned. To prevent this encircle the spot with corn-starch or finely pulverized laundry starch. This will absorb the gasoline and prevent the unsightly ring.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

ANNOUNCEMENTS

THE Annual Convention of The Nurses' Associated Alumnæ will be held in Richmond, Virginia, on May 14, 15, and 16. Are you making your arrangements to attend? Have you appointed your delegates? Is your Alumnæ Association a member? Has your State Association affiliated? If not, send in your application at once to the Secretary, Miss N. M. Casey, 2103 Chestnut Street, Philadelphia. Remember to allow a few extra days for the Jamestown Exposition.

ANNIE DAMER, President.

THE Colorado State Board of Nurse Examiners will meet on April 24, 1907, to examine applicants for registration under "An Act Relating to Professional Nursing."

L. C. BOYD, Secretary.

125 East Eighteenth Avenue, Denver, Colorado.

THE American Society of Superintendents of Training-Schools for Nurses will hold their Thirteenth Annual Convention, with headquarters at "The Rittenhouse," Twenty-second and Chestnut Streets, Philadelphia, Penna., May 8, 9, and 10, 1907. Details in the April number of the JOURNAL.

THE NURSES' ASSOCIATED ALUMNÆ MEETING IN RICHMOND

AT the meeting of the Nurses' Associated Alumnæ in Richmond in May it is intended to condense the reports from the State societies and have them presented by the chairman of the session to be devoted to State work. Reports from all State societies must therefore be sent in not later than April 1, to be incorporated in the general report.

S. E. SLY, Inter-State Secretary.

THE PURCHASE OF THE JOURNAL

AT a recent meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING, those represented expressed themselves as very desirous that the National Alumnæ Association should own the JOURNAL. Several alumnæ associations have already contributed funds for this purpose, the Graduate Nurses' Association of the District of Columbia being one state association to send one hundred dollars, the amount needed for one share, other alumnæ either buying shares or sending funds to the National for that purpose.

Will the different state and individual alumnæ bring this matter up at once and see what can be done before the next Annual Meeting, in May?

ANNA J. GREENLEES,

Chairman Committee on Purchase of Journal, Nurses' Associated Alumnæ.

ANY Alumnæ Society or individual holding stock in THE AMERICAN JOURNAL OF NURSING COMPANY and wishing to dispose of same, please communicate with Miss M. A. Samuel, Secretary of the Company, Roosevelt Hospital, New York City.

NEW LAWS FOR THE STATE REGISTRATION OF NURSES

59TH CONGRESS, 1ST SESSION. H. R. 12690

IN THE HOUSE OF REPRESENTATIVES

January 22, 1906

Mr. TAYLOR, of Ohio, introduced the following bill, which was referred to the Committee on the District of Columbia and ordered to be printed.

Official—Approved by President Roosevelt, February 9, 1907.

A BILL

To define the term of "registered nurse" and to provide for the registration of nurses in the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the expiration of the ninety days immediately following the passage of this Act no person shall, in the District of Columbia, in any manner whatsoever, represent herself to be a registered nurse, or allow herself to be so represented, unless she has been and is registered by the nurses' examining board in accordance with the provisions of this Act.

SEC. 2. That upon the taking effect of this Act the Graduate Nurses' Association of the District of Columbia shall nominate ten of its members who have had not less than five years' experience in the profession. These nominations shall be submitted to the Commissioners of the District of Columbia, who shall, from said nominations, appoint, within thirty days after said nominations are submitted to them, a nurses' examining board to be composed of five members. All appointments shall be made so that the term of one member shall expire on the thirtieth day of June of each year, and upon the expiration of the term of office of any examiner the said Commissioners shall likewise fill the vacancy for a term of five years from a list of three nominees submitted to them each year by the Graduate Nurses' Association of the District of Columbia. An unexpired term shall be filled by said Commissioners from three additional names furnished by the Graduate Nurses' Association upon request of the said Commissioners. No member of said board shall enter upon the discharge of her duties until she has taken oath to faithfully and impartially perform the same; and the said Commissioners may remove any member of said board for neglect of duty or for any just cause.

SEC. 3. That the nurses' examining board shall meet in the District of Columbia within ten days after their appointment and organize the board, and annually thereafter shall meet in the month of April and shall elect from its members a president, and also a secretary who shall be treasurer. It shall frame all such by-laws as it shall deem necessary for carrying into effect the provisions of this Act, and may amend such rules from time to time at discretion of said board. The secretary shall be required to keep a record of all meetings of the board, and also a register of the names of all nurses duly registered under this Act, and to furnish a certificate of registration to all such nurses. The said board shall hold examinations not less frequently than once a year, and the notice of each examination shall be given in one daily newspaper published in Washington City and in one nursing journal at least thirty days prior to said examination.

SEC. 4. That every nurse desiring to style herself "a registered nurse" in the District of Columbia shall make application to the nurses' examining board for registration, and at the time of making such application shall pay to the treasurer of said board five dollars. Said applicant must furnish satisfactory evidence that she is over twenty-three years of age, of good moral character, and free from habits liable to interfere with her services as a nurse, and, further, that she holds a diploma from a training-school for nurses which has been registered by the nurses' examining board of the District of Columbia: *Provided, however,* That no training-school shall be registered which does not maintain proper educational standards and give not less than two years' training in a general hospital, or instruction of the same kind, and, to at least the same extent, as that given in the general hospital, all of which shall be determined by the nurses' examining board.

SEC. 5. That any person possessing the qualifications required in section four of this Act who has been engaged in nursing in the District of Columbia five years after graduation immediately preceding the passage of this Act or shall have graduated from a training-school for nurses in the District of Columbia within that period of time shall be entitled to registration without examination upon payment of the registration fee. And, further, that any person who has been engaged in nursing in the District of Columbia for four years immediately preceding the passage of this Act and shall have spent, in addition, one year in a hospital or sanatorium, shall be permitted to register after passing a practical examination: *Provided,* That such certificates shall not declare that the persons holding them have fulfilled all the requirements expressed in section four.

SEC. 6. That the registration of any person as a nurse in the District of Columbia may be revoked and the certificate of such person cancelled if she be found to have obtained the same by fraud, or be found guilty by the Nurses' Examining Board of any act derogatory to the standing and morals of the profession of nursing. But before any certificate shall be revoked the holder thereof shall be entitled to thirty days' notice of the charges against her, and after a full and fair hearing the certificate can be revoked by a majority vote of the whole board.

SEC. 7. That all expenses incident to the execution of the provisions of this Act shall be paid from the fees collected from applicants for registration as nurses, and if any balance remains on hand on the thirtieth day of June of any year the secretary and treasurer of the nurses' examining board shall receive of such balance the sum of one hundred dollars, and each other member of the said board shall receive five dollars for each day actually spent in the discharge of official duties. All moneys shall be paid to the treasurer of the board and shall be paid out under the orders of the board.

SEC. 8. That any person who shall violate any of the provisions of this Act shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding two hundred dollars or by imprisonment in the workhouse for a period not exceeding sixty days.

SEC. 9. That the nurses' examining board shall have power to register, in like manner, without examination, any person who has been registered as a professional nurse in another State or Territory under laws which in the opinion of said board maintains a standard substantially equivalent to that provided for by this Act.

SEC. 10. That nothing in this Act shall be construed to prevent any person from nursing any other person in the District of Columbia either gratuitously or for hire, provided that such person so nursing shall not represent herself as being a registered nurse. Nothing in this Act shall be construed as authorizing any person

to practise medicine or surgery, or midwifery, in said District otherwise than in accordance with an Act entitled "An Act to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof," approved June third, eighteen hundred and ninety-six.

SEC. 11. That the word "she" and the derivatives thereof, wherever they occur in this Act, shall be construed so as to include the word "he" and derivatives.

WEST VIRGINIA—FEBRUARY 19, 1907

A BILL

To provide for the appointment of a State Board of Examiners, and for the examination and registration of nurses. *Be it enacted by the State Legislature of West Virginia:*

1. That upon the taking effect of this Act the West Virginia State Association of Graduate Nurses shall nominate for Examiners twelve (12) of its members who have had not less than five years' experience in their profession, and who shall be residents of the State of West Virginia. These nominations shall be submitted to the Governor of the State, who shall, from said number, appoint, within sixty days, a Board of Examiners to be composed of five (5) members; one of these members shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to such person or persons, to hold office for three years, from a list of five nominations submitted to him by the West Virginia State Association of Graduate Nurses annually. All vacancies occurring on the Board shall be filled by the Governor in the same manner from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

2. *And be it further enacted:* That the members of this State Board of Examiners shall as soon as organized, and annually thereafter in the month of June, elect from their members a President, and a Secretary who shall be the Treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the Secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The Secretary shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expense on this behalf. The Secretary shall receive a salary, to be fixed by the Board, not to exceed One Hundred Dollars ($100.00) per annum, also travelling and other expenses necessarily incurred in the discharge of her official duties. The other members of the Board shall receive four dollars ($4.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provisions of this Act, and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the Treasurer for meeting the expenses of the said Board, and the cost of annual report of the Board.

3. That after January 1, 1908, it shall be the duty of said Board of Examiners to meet at some convenient point within the State not less frequently than once a

year, notice of which meeting shall be given in the public press, and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care to the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars ($5.00).

4. That the applicant shall furnish satisfactory evidence that he or she is twenty-one (21) years of age, is of good moral character, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital where two years of continuous residence training, with a systematic course of instruction, is given.

5. That all nurses possessing the above qualifications shall be permitted to register before January 1, 1908, without examination, upon payment of registration fee. And all nurses having been continuously and successfully engaged in nursing for five years, and who maintain the proper standard, shall, upon passing an examination, be entitled to registration, provided such application be made before January 1, 1908.

Graduates of training-schools in connection with special hospitals giving a two-years course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1907; or said graduates from special hospitals shall be eligible for registration prior to said date, upon passing special examination before the Board of Examiners in subjects not adequately taught in the training-schools from which they have been graduated.

And it shall be unlawful after the expiration of that time for any person to practise professional nursing as a registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such a title or use the abbreviation "R. N." or any other letters or figures to indicate that he or she is a registered nurse.

6. That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

7. That any person violating any of the provisions of this Act, or who shall wilfully make any false representations to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, be punished by a fine of not more than five hundred dollars ($500.00).

8. That the State Board of Examiners of Graduate Nurses may revoke any certificate for sufficient cause; but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charge, by a majority vote of the whole Board, the certificate can be revoked.

RESOLUTIONS IN REGARD TO THE THREE-YEARS COURSE

New York, N. Y., Feb. 16, 1907.

As some of the governing boards of training-schools for nurses in New York city are considering the question of returning to the two-years course of training, a general meeting of nurses practising in New York city, among whom were graduates of every school in that city as well as many from schools throughout the country

was held at the Bellevue Nurses' Club on Monday, February 11, 1907, to discuss this possible movement, which must have a direct bearing on the welfare of the entire body of nurses in the future.

The following resolutions were adopted by a majority of sixty votes to five—many nurses present having been obliged to leave before the conclusion of the meeting:

Resolved, That we strongly endorse and petition for the continuance of the present three-years course, for the following reasons:

1. The woman who comes to a general hospital training-school, ready to give her strength and intelligence to the work there, feels it to be her just right that she shall receive there an education which will adequately and thoroughly fit her for her life-work, and she is, in fact, promised by the hospital that this shall be conscientiously given her.

2. It is a practical impossibility, in two years' time, to so move a large school of nurse-pupils through all the wards and divisions of a large general hospital that each one shall have full justice done her in the matter of experience, observation and the performance of duties covering all branches of the service. Either the practical or the theoretical teaching, both of which she has been promised, must be scamped under the two-years course.

3. The three years make possible a more equal division of service, a more balanced proportion between class work and ward work, and a more careful, effective instruction of the pupil.

4. A general return to the two-years course would tend to the destruction of that process of affiliation between special and small hospitals for the improvement of their nursing services, which under the three-years course have been developing with the most satisfactory and beneficial results.

5. Far more is required of the graduate nurse to-day than was required of her sister ten years ago, and her training should advance in proportion, instead of retrograding. It is a great injustice to nurses to send them forth imperfectly prepared, or prepared only for private duty, or taught only on certain lines, for no nurse knows when her health may make private nursing impossible, or when she may meet with opportunities to enter on branches of work requiring a liberal professional training, such as are daily opening to nurses in connection with institutional and social reform work of all kinds.

6. The three-years course benefits the hospital by its greater stability and the longer continued presence of a senior staff of nurses. We believe that the nurse who has the thorough three-years training can better serve the patient, the physician, and the community.

It was further—

Resolved, That a copy of the above resolution be sent to each of the governing boards of hospitals, and to the Nursing and Medical journals.

Signed,

Grace Knight, Roosevelt;
Elizabeth M. Norment, Johns Hopkins;
Frida L. Hartmann, Mt. Sinai;
Martha M. Russell, New York Hospital;
Beatrice Finley, Bellevue,

Committee.

STATE MEETINGS

Fourth Annual Meeting of the Maryland State Association of Graduate Nurses.—The Maryland State Association of Graduate Nurses held its fourth annual meeting at Arundell Hall on the afternoons of January 30 and 31, 1907.

The first meeting was opened with prayer by the Rev. Robt. S. Coupland, and the address of welcome was made by Dr. Samuel T. Earle. Dr. Earle has had wide

experience as an active worker in state medical societies and was in a position to give us valuable advice on some practical points concerning our Association. He laid great stress upon the advisability of enlarging the membership and strengthening the Association. When attacks are made upon our bill, as there are sure to be, the more the nursing body stands together, the less danger there is of losing what we have gained.

After a recess the president, Miss Mary C. Packard, read her address. She reported the important work done in safeguarding our bill from an amendment which would have weakened it materially and lowered its standard; recommended the establishment of a central registry, as furthering the best interests of the public and the profession; spoke hopefully of the plan to have a central school of nursing, and told something of the work of the nurse among tuberculous patients, supported during this last year by the members of the Association.

The president's address was followed by reports from the committees. The treasurer reported a small deficit. The society recognized the impossibility of carrying on the work efficiently with the present dues of $1 a year and decided that the dues be raised to $2, with an initiation fee of $1. Before the close of the meeting several changes were made in the by-laws, and after adjournment a delightful entertainment was served by the alumnæ associations of the Maryland General Hospital, City Hospital, and St. Agnes' Sanitarium.

The meeting on the 31st was open to all interested, and was well attended. Miss Parsons, superintendent of nurses of the Sheppard and Enoch Pratt Hospital, read an able paper on "The Nurse and her Relation to her Professional Organizations." Miss Mary Cloud Bean read an inspiring paper entitled "A Few Problems of the Private Nurse." Our honorary president, Miss Nutting, gave an interesting account of some phases of the work she will take up at Columbia University next Fall in connection with Teacher's College, and made a strong plea to the Association for volunteers to do the work of the Red Cross Society in time of war or other disaster.

After a recess, Mr. Joseph Packard, President of the Department of Education in Baltimore City, spoke on "Some Legal Points" with which nurses should be familiar. Dr. Jacob H. Hollander, Professor of Economics at the Johns Hopkins University, gave a brief but interesting talk about civil service reform, followed by a very stirring address by Mr. Eugene O'Dunne, Deputy State's Attorney, on the Proposed Work of the National Public Health Defense League.

The election returns were next announced and the officers for the coming year are: Honorary president, Miss M. Adelaide Nutting; president, Miss Mary Cary Packard; first vice-president, Miss Georgina C. Ross; second vice-president, Miss Alice M. Woodward; secretary, Miss Amy P. Miller; treasurer, Miss Nannie J. Lackland. Members—Miss Sarah F. Martin, Miss Mary E. Lent, Miss Mary Bartlett Dixon, Miss Sara E. Parsons.

AMY P. MILLER,
Secretary M. C. P.

GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.—The quarterly meeting of the Graduate Nurses' Association of Connecticut to have been held in Bridgeport on May 6 was attended by only about twelve members. A severe snow-storm on the previous day, which had blocked travelling to some extent, in conjunction with the very busy season, rendered attendance very small. The meeting came to order only to adjourn to the annual meeting to be held in Hartford in May. The paper on "The Responsibility of the R.N.," by Miss Campbell, will be presented at another meeting.

ILLINOIS.—The Illinois State Association of Graduate Nurses held their regular quarterly meeting February 13, in the Masonic Temple, Chicago, the President, Miss McMillan, in the chair.

Twenty-three nurses recommended by the Credential Committee were elected to membership in the Association. The new members represented fifteen different training-schools.

Miss Caroline Seidensticker, chairman of the Legislative Committee, gave her report, urging each member of the Association to active work. The bill is at present in the hands of Senator Clark, who will introduce it as soon as possible.

Miss Adda Eldredge, who was appointed early in November to interest the public as well as nurses and doctors in the proposed bill for registration, gave a report of her work throughout the State. By coöperation with medical societies, women's clubs, and nurses, she has addressed many meetings in Chicago and the larger towns of the state.

BENA M. HENDERSON,
Secretary.

REGULAR MEETINGS

NEW YORK CITY.—The annual meeting of the Mt. Sinai Alumnæ Association was held at the training-school on Thursday, January 3, 1907.

The secretary's report showed that during the past year nine regular business meetings were held, with an average attendance of thirty-two members.

Forty new members were admitted during the year, making a total membership of 185.

The following directors were elected: The Misses Greenthal, Newman, Chadwick, Towne, Kruer, Shilliday, Bates, Stacey, Fox, and McKown.

The officers for the year 1907–08 are: President, Miss S. W. Newman, R.N.; Vice-president, Miss E. B. Chadwick, R.N.; Corresponding Secretary, Miss Bertha Kruer, R.N.; Recording Secretary, Miss Ada C. Towne, R.N.; Treasurer, Miss Susie Shilliday, R.N.

PHILADELPHIA.—The regular monthly meeting of the Jefferson Hospital Nurses' Alumnæ of Philadelphia was held at the Nurses' Home, 226 So. Washington Square, on Friday, January 25, at three o'clock, and was well attended.

It is with much pleasure the Alumnæ has welcomed so many new members during the past few months, and at this meeting the applications of two more were read and referred to the executive committee. Since last reporting to the AMERICAN JOURNAL this Alumnæ has held a theatre benefit which was enjoyed by all, and the net proceeds were very good indeed.

The bazaar which the Alumnæ contemplated holding in the early spring has been postponed until next winter. Adjourned to meet on Friday, February 22, 1907.

PHILADELPHIA.—The annual meeting of St. Agnes' Hospital Alumnæ was held Thursday, January 31, 1907, in the study hall of the hospital, with the president, Mr. Doyle, in the chair. The meeting was well attended, and after the routine business tea was served by the head nurse, Sr. M. Maura. Officers elected for the year were: President, Miss Frances Lundy; Vice-president, Mr. Philip Philbin; Secretary, Miss Cecila Hund; Treasurer, Miss M. Agnes Dougherty.

CLEVELAND, OHIO.—The alumnæ of Lakeside Hospital held their monthly meeting in the reception-room of the nurses' home. Miss Johnson read a paper on District Nursing which was enjoyed by all present.

The alumnæ is working to endow a room in the private ward for members of the Lakeside alumnæ. Each member has been asked to give $25 towards the fund. Several hundred dollars are already given, and the last one thousand of the $10,000 has been promised.

TROY, N. Y.—On January 30 the annual meeting of the alumnæ association of the Samaritan Hospital, Troy, N. Y., was held, at which the following officers were elected for the ensuing year: President, Miss Catherine Ross; vice-president, Miss Minnie Maria Gribble; treasurer, Miss Julia Emmeline Clickner; secretary, Miss Eudocia Jeanette Higley. Following the business meeting a collation was served.

BROOKLYN, N. Y.—The annual meeting of the Brooklyn Hospital Training-school Alumnæ for the election of officers was held at the training-school on February 5. The officers elected for the coming year are: Miss Kate Madden, R.N., president; Mrs. A. W. Pierce, R.N., first vice-president; Miss W. Rothermund, R.N., second vice-president; Mrs. A. de Zouche, R.N., recording secretary; Miss F. Fuller, corresponding secretary; Miss M. E. Holt, R.N., treasurer.

DENVER, COLORADO.—On February 6, the graduates of St. Luke's Hospital formed an alumnæ association. The following officers were elected for the first year: President, Miss Henrietta Stertzer; first vice-president, Miss Marie Crowder; second vice-president, Miss Manta Wells; secretary and treasurer, Miss Marguerite Bullene. The meetings are to be held the third Wednesday of each month at the Katherine Hallett Home for Nurses.

PHILADELPHIA.—The Alumnæ Association of the training-school of the Hospital of the Protestant Episcopal Church has held regular monthly meetings during the fall and winter, routine business being transacted at each meeting. At the December meeting Miss Payne, Superintendent of Nurses, read an interesting paper on the early history of the hospital.

The delegates to the annual, to be held in May, in Richmond, Virginia, of The Nurses' Associated Alumnæ of the United States, will be appointed at the March meeting. Since June, 1906, eighteen new members have been enrolled. An annual report was published in January.

NEWTON, MASS.—The Newton Nurses' Alumnæ held a meeting on February 6, which was largely attended. Dr. Bracket, of Harvard University, gave a very interesting address on philanthropy.

DANSVILLE, N. Y.—At the meeting of the Dansville General Hospital Alumnæ on January 8, an interesting programme was presented by the members. Former superintendents of the training-school are honorary members—Miss Lucy Sharp, Miss Gulley, and Miss M. E. Detweiler.

PORTLAND, OREGON.—At a meeting of the Portland (Oregon) State Nurses' Association, the following officers were elected: President, Miss L. G. Richardson, 374 Third Street, Portland, Ore.; vice-president, Miss Eleanor Donaldson; secretary, Miss Bessie DeVoe, 374 Third Street, Portland, Ore.; treasurer, Gertrude Churchman. Executive Board—Miss Amelia Anderson, Miss Dora Weiss, Miss Charlotte Adams.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association enjoyed its annual frolic on January 27. Fifty nurses participated in an afternoon sleigh ride, having invited as guests the superintendents of the various hospital training-schools.

After a most enjoyable drive they returned to Dr. Mead's residence, 1502 Third Avenue S, for a banquet.

PITTSBURG, PA.—The graduates of the Mercy Hospital, Pittsburg, held a meeting on January 15, to organize an alumnæ association. A large number were present, including some of the Sisters who are graduates. Miss Nora O'Sullivan was elected temporary president and Miss Becca St. Clair secretary. After the meeting the senior class entertained the graduates.

PERSONAL

Miss E. B. Ross, of Montreal General Hospital, has succeeded Miss Flora Plate, who has recently been married.

Miss GERTRUDE M. CROSS, 1904, has succeeded Miss Good as superintendent at the Eleanor Moore Memorial Hospital, Boone, Iowa.

Miss HASSIE N. STRAIN, of the Baltimore City Hospital, has taken the position of superintendent of the Huntington Hospital, Huntington, West Virginia.

MRS. EMMA HEADRICK has been appointed superintendent of nurses at the Pueblo (Colorado) Hospital, in the place of Miss Maud McClaskie, who resigned to take up university work.

BETSY PRIGG, of the class of September, 1895, K. G. H., Kingston, Ontario, would like to hear from her classmate Sairey Gamp. Information through these columns will be gratefully received.

Miss MARY L. HEFNER, of the Baltimore City Hospital and late superintendent of the City Hospital, Columbus, Miss., has been appointed chief nurse of the Guice and Faucett Infirmary, Gadsden, Alabama.

Miss ADELAIDE HENDERSON, who has been the instructress of trained attendants at the Y. W. C. A. in New York City, has succeeded Miss Annie W. Goodrich as superintendent of nurses at the New York Hospital.

Miss CELESTE MANION, 1901, Faxton Hospital, Utica, New York, has accepted the appointment of head nurse in the operating-room of the S. R. Smith Infirmary, Staten Island, where she began her duties on February 1, 1907.

Miss KATHERINE DE WITT will with her mother move to Rochester, New York, on April 1, where she will continue as private nursing editor and secretary to the editor-in-chief of the JOURNAL. Mrs. and Miss De Witt will be Miss Palmer's guests during April.

Miss Ada P. Coleman, who has been the assistant superintendent of the Saginaw General Hospital, of Saginaw, Michigan, has resigned to take up visiting nursing work in Detroit, and has been succeeded by Miss Elizabeth Hosig, a graduate of the Harper Hospital, of Detroit.

Miss Ida E. Proctor, graduate of the Saginaw General Hospital, has been appointed superintendent of the Hubbard Memorial Hospital, recently opened in Bad Axe, Michigan. Her assistants are Miss Lillian McRae and Miss Josie Bateman, graduates of the Saginaw General.

Miss Emma J. Keating resigned her position as superintendent of the training-school of the Jackson Sanatorium at Dansville, New York, several months ago, and on January 1 assumed charge of the Oil City Hospital, at Oil City, Penna. Miss Adele Swain, who was Miss Keating's assistant at Dansville, occupies the same position at the Oil City Hospital.

Several changes have taken place in the Illinois Training-school for Nurses, Chicago. Miss Emma Smith, for some years an assistant superintendent, has resigned, and is succeeded by Miss Helen Kelly, '95, who has recently been in California. Miss Smith will be at her home in Canada for some weeks before resuming work in her profession. Miss Mary J. W. Peterson, 1900, who has long had charge of the directory, has given up the work, being in need of recuperation, and her place is filled by Miss Ellen V. Robinson, 1901. The new pavilion for tubercular patients at the Cook County (Chicago) Hospital has been opened and is in charge of Miss Beck, '02, a graduate. The venereal wards of the County Hospital have also been taken by the school, having experienced nurses to care for the patients under the direction of a graduate head nurse, Miss Sigsbee, '89. An additional superintendent, Miss Good, '04, has been added to the training-school staff. Miss Anna Post, a graduate of Drexel Institute, is the newly-installed dietitian. She will combine the work of supervisor in the new diet kitchen at the County Hospital, and that of instructor in dietetics in the training-school.

The party of superintendents from this side who attended the dedication of the nurses' residence of the Hospital for Sick Children in Toronto were very royally entertained during their entire visit. These ladies were the special guests of the Hon. J. Ross Robertson, chairman of the Hospital Board, and donor of the Nurses' Residence. Very complete arrangements were made for the journey to Toronto and return, and the most delightful entertainment was provided for them at the Residence, Miss Brent acting as hostess during their stay in Toronto. The party arrived in Toronto on the morning of February 5, the day of the dedication, of which ceremony mention is made on another page. The day following Dr. Helen MacMurchy entertained the party at luncheon at the Ladies' Club, and Mrs. Machell gave a charming afternoon tea in their honor, at which there were many guests. The same evening a ball was given to the pupils of the Hospital for Sick Children, upon which occasion the visitors were again the guests of honor. The next day Miss Sniveley entertained them at luncheon, and in the afternoon they left for home, Mr. Robertson arranging for the comfort of their journey in the most delightful manner. During their stay in Toronto the party visited the office of the *Evening Telegram*, having every detail of the publication of a newspaper explained to them, and they were specially charmed with the con-

veniences provided the engineer, who has a bath-room for his own use when through with his work. This is beautifully tiled and everything is in most immaculate order.

The party consisted of Misses Goodrich, Samuel, Rikert, Rogers, Hutchison, Wilson, and Smith. Miss Palmer, who was one of those to receive an invitation, was unable to accept.

BIRTHS

At Richmond, Virginia, December 24, 1906, a daughter, to Mrs. S. J. Doswell (*née* Daisy Hamilton, 1901, Virginia Hospital Training-School).

At Urbana, Illinois, January 3, to Mrs. W. W. Munsell, a son. Mrs. Munsell was Miss Emma Doolittle, '02, Hahnemann Hospital, Chicago, Illinois.

At Quinton, Indian Territory, January 10, to Mrs. Guy A. Curry, a son. Mrs. Curry was Miss Lulu Rayner, '04, Hahnemann Hospital, Chicago, Illinois.

At La Grange, Illinois, December 8, 1906, to Mrs. Erving Christopher, a daughter. Mrs. Christopher was Miss Daisy Racine, '05, Hahnemann Hospital, Chicago.

At Boyceville, Wisconsin, January 6, to Mrs. L. L. Herriman, a daughter. Mrs. Herriman was Miss Spink of La Grange, Illinois, '05, Hahnemann Hospital, Chicago, Illinois.

On January 23, at Lestershire, New York, a son to Mrs. Arthur W. Beilby. Mrs. Beilby was formerly Miss Madge Conners. Mr. and Mrs. Beilby were both graduates of Bellevue Hospital Training-School, 1903.

MARRIAGES

At Pocatello, Idaho, January 16, 1907, Miss Mattie I. Farmer to Mr. Irving L. Ward. At home, Buhl, Idaho.

At Chicago, in December, Miss Mildred Kempendorf, 1901, Lakeside Hospital, to Dr. L. P. Rich, of Fredrica, Iowa.

At Atkinson, Illinois, December 24, 1906, Miss Cora A. Macafee (Hahnemann Hospital, Chicago, 1902), to Mr. Lyle L. Lloyd.

At Toledo, Ohio, December 22, 1906, Miss Helen Louise Schmidt, 1906, Lakeside Hospital, Cleveland, Ohio, to Mr. Clarence Greer Wehrley.

In New York City, November 8, 1906, Miss Elma Martha Lewis to Mr. James Wilbur Jones, R.N. Mr. Jones is a graduate of the Mills Training-School, class of 1904.

On December 15, 1906, Miss Phoebe Hartman to Mr. George H. Bailey. Miss Hartman was a graduate of Cooper Hospital Training-School, Camden, N. J., class of 1895.

At Galena, Illinois, January 10, Miss Emma Schweityer, 1900, Lakeside Hospital, Chicago, to Mr. John Baggerman. Mr. and Mrs. Baggerman will make their home in St. Louis, Missouri.

At Richmond, Virginia, December 27, 1906, Margaret Virginia Gilliam, 1900, Virginia Hospital Training-School, to Mr. George Elcan. Mr. and Mrs. Elcan will live at Elks Hall, Buckingham County, Virginia.

At Spencer, Nebraska, January 9, 1907, Miss Elizabeth A. Korab, graduate of the Passavant Hospital, Jacksonville, Illinois, to Dr. George Edgar Armour. Dr. and Mrs. Armour will make their home in Spencer, Nebraska.

OBITUARY

Miss Mary G. Simonds, Illinois Training-School,'87, died at Passavant Hospital, Chicago, of pneumonia, January 31.

The Alumnæ Association of the Rhode Island Hospital Nurses' Club announce the death of a member, Lulu C. Nixon.

January 10, of typhoid fever, Miss Lydia B. Andrews. Interment in the Villisca (Iowa) cemetery. Miss Andrews graduated in the class of 1903 from the Illinois Training-School for Nurses, Chicago, and had been doing private nursing in Omaha, Nebraska, since. An earnest, faithful friend and worker has been taken from our midst.

At East Orange, New Jersey, on April 26, 1906, Mrs. Maybelle Whitney Trowbridge Munn, graduate of St. Luke's Hospital, South Bethlehem, Penna., 1896. Mrs. Munn was treasurer of the Alumnæ Association and member of St. Barnabas Guild. At a meeting of St. Luke's Alumnæ, held recently, resolutions upon the death of Mrs. Munn were passed.

At a regular meeting of the Rochester Homeopathic Alumnæ Association, February 5, 1907, resolutions were adopted on the death of the late superintendent, Miss Eva M. Allerton, a copy of the resolutions to be sent to members of the family, and recorded in the minutes of the meeting. The graduate nurses of the Rochester Homeopathic Training-School will furnish a room in that institution as a memorial to Miss Allerton.

At a meeting of the executive committee of the New York State Nurses' Association held on Monday, January 21, 1907, a committee consisting of the Misses Gilmour, Damer and Cadmus was appointed to draw up a suitable obituary notice upon the death of Miss Eva M. Allerton, to be spread upon the minutes of the executive committee, to be presented to the Association at its annual meeting, and to be published in The American Journal of Nursing.

Frida L. Hartmann, R.N.,
Secretary.

Obituary

Entered into rest on January 5, 1907, at Rochester, New York, Miss Eva M. Allerton, in the fifty-third year of her age.

In the death of Miss Allerton the nursing world has lost one of its brightest ornaments, one of its most gifted workers. In the State Association the loss is keenly felt, on account of the close association of Miss Allerton with all of its legislative work since its organization, she being one of its charter members. Her best-known work in this connection was that done as chairman of the legislative committee which had full charge of the Registration bill for the nurses of New York State. Her leadership qualities were never more fully demonstrated than in this work. She evolved order from a chaotic state which caused the stoutest hearts to quail. She saw the great need of the sisters of her profession and undauntedly set herself to overcome the

obstacles in their path. The bill for registration was framed, and so well was it done that with very few alterations it finally became law, and this in spite of the strongest opposition. When it is remembered that this bill called into action the educational forces of the Regent's office, the political methods of the lawmakers at Albany, and behind all this the warring factions of the improperly-trained nurses, one begins to realize that hers was truly an uncommon task. It was not so much a struggle against ignorance, for that element entered into the contest, but more against highly-educated men and women, whose knowledge of affairs and keen insight into the secret motives for action made them so formidable.

She threw herself unreservedly into the work, determined to learn what she did not know, and results show how thoroughly she did it. She won over the Regents, gained many supporters from the opposition in both houses at Albany, and by no means least, aroused such an interest in the nursing world for the bill that it was finally carried triumphantly through. She said little, but did much. Her courage and composure were remarkable; even on the occasions when defeat seemed very near her, she carried the air of a victor. But the strain told and there is little doubt that her life was shortened by it. She has left us an example of faithfulness to duty and helpfulness to the members of her profession which can never be surpassed, but at the same time is neither too high nor too ideal for emulation by the weakest sister.

MARY S. GILMOUR, R.N.,
ANNIE DAMER, R.N.,
NANCY E. CADMUS, R.N.,
Committee.

HOSPITAL AND TRAINING-SCHOOL ITEMS

LACONIA, New Hampshire, is to have a new up-to-date hospital, which it is claimed will be the best in that State. Plans have been submitted, and the work of construction will commence early in the spring.

ON the evening of January 31 the Samaritan Hospital, Troy, New York, graduated its sixth class of nurses from the training-school. The exercises were held in the assembly-room of Thurman Home. The room was prettily decorated with palms and flowers, the class colors, green and yellow, predominating. Dr. Bryant, of New York, gave the address to the graduating class, which was full of helpful suggestions. Following the exercises a reception was given the class.

THE public graduating exercises of the class of 1907 of the S. R. Smith Infirmary Training-School for Nurses, Staten Island, which were to have been held on Thursday, January 31, at the Hospital, were omitted because of the great calamity which has befallen the Hospital in the death of Dr. Charles Wilmot Townsend, a member of the surgical staff, who was fatally shot on the 26th. The class, consisting of seventeen members, received their diplomas and medals in the presence of a small number of officials, the training-school committee and undergraduates.

THE Laconia (New Hampshire) Hospital graduated three nurses on January 18. The exercises were held in Armory Hall, and the program of address and music was most interesting. The address to the graduating class was by Dr. Ellen Wallace, of Manchester, giving a brief history of the growth of training-schools and glimpses of the work of those who in the early days of nursing sacrificed position, wealth and the comforts of home for the sake of suffering humanity. The young women who received diplomas were Alma A. Wheeler, of Hebron; Alida M. Boulanger and Mary A. Pike, of Laconia.

WHEELING, W. VA.—On January 22 the new wing of the Wheeling Hospital conducted by the Sisters of St. Joseph, Wheeling, W. Va., was opened to the public.

The hospital was tastefully decorated for the occasion with plants and flowers, and in the evening Meister's Orchestra furnished a fine musical program. From 3 o'clock until 10 P. M. the hospital was thronged with visitors, who were received by the ladies of the committee in charge.

The new wing contains about sixty-five rooms, including three modern and up-to-date operating-rooms, sterilizing-rooms, etherizing-rooms, supply-rooms, diet kitchens on each floor, bath-rooms, and about forty-five private rooms.

These rooms, handsomely furnished, were donated to the hospital by friends. One of the operating-rooms, anesthetizing and sterilizing-rooms were furnished and donated by the Wheeling Branch, Knights of Columbus.

The hospital has been in need of this addition for some time past, not being able to accommodate all who desired admission.

The remainder of the hospital is being remodelled with all modern improvements, and when completed it will accommodate about one hundred and fifty patients.

Besides the Sisters, at present there are sixteen nurses in the hospital, which



Nurses' Home, Saginaw General Hospital.

force will be increased shortly. The training includes a course of three years. Lectures are given to the nurses by the attending physicians.

The Davis Nurses' Home, with its furnishings complete, is the gift of Mr. and Mrs. Charles H. Davis, of Saginaw, Michigan, and is designed as a home for the nurses, while in training, at the Saginaw General Hospital.

It is built of vitrified brick and stone, covers an area of 44x72 feet, and is three stories high, with cement floored basement. It is heated by steam and lighted by electricity.

The first floor consists of reception rooms, library, private sitting-room, class-room, diet kitchen, linen closet, bath-room and four bedrooms. The class-room is fitted out with all necessities for teaching purposes, and the diet kitchen is equipped with all the conveniences of a modern kitchen, making it possible to give the nurses a complete course in practical dietetics—which covers the preparation, cooking and serving of food.

The second and third floors are devoted entirely to bedrooms, bath-rooms and linen closets. The bedrooms are 12x14 feet and 14x14 feet in size, with ample closet room for each, and, in the entire building, sleeping accommodations are provided for 36 persons.

The building is beautifully located, facing, as it does, Bliss Park on the front, the Michigan State Employment Institution for the Blind grounds on the left, and the Saginaw General Hospital on the right. Trolley cars run within two blocks of the building, and it is but six minutes' ride on same to both business centres of the city.

The dedication exercises of the nurses' residence of the Hospital for Sick Children of Toronto, Ontario, took place on the evening of February 5, in the presence of a large company of distinguished guests, among whom were seven lady superintendents of New York city hospitals, namely: Miss Rykert, of the Post Graduate; Miss Lina Rogers, of the Board of Health; Miss Samuel, of the Roosevelt; Miss Wilson, of St. Luke's; Miss Annie Smith, of the Babies'; Miss Mary Hutchison, of the Sloane Maternity, all of whom are Canadians by birth, and Miss Annie Goodrich, of the City of New York Allied Hospitals.

The ceremony of transfer, which took place in the large general reception-room, where Miss Louise C. Brent, the lady superintendent; Mr. J. Ross Robertson, the donor, and Hon. G. A. Cox and Mr. John Flett received the guests, was exceedingly simple. Mr. J. Ross Robertson spoke briefly, and then handed the document to Mr. Douglas Davidson, the secretary-treasurer of the Hospital for Sick Children, who affixed the seal and read the deed of gift.

After a few remarks from Prof. Goldwin Smith, presentations were made on behalf of the nurses of an address to Mr. Robertson by Miss Nichols, a basket of flowers to Mrs. Robertson by Miss Ross, and a bouquet of pink roses to Miss Brent by Miss McClure. A bunch of Richmond roses was also given Mr. Robertson by the alumnæ, the presentation being made by Miss Josephine Hamilton, the first nurse to graduate from the Hospital for Sick Children.

The building was then carefully inspected. A description of it has been given in another number of this journal.

In his presentation remarks Mr. Robertson paid a very beautiful tribute to nurses, in which he said:

Let me say that if ever there was a long-felt want it has been a residence of this kind. I have heard it suggested that the housing of our nurses has been over-

done, that their surroundings in their new residence are not in keeping with the simple life, which everybody talks about, and nobody enjoys. The nurses in their long days and longer nights of duty, in their hours of study and attendance at bedsides, follow the simple life—the simple life of hard work and duty that leads along the path of help and mercy. The demands upon these young women in their work are inflexible, and like the laws of the Medes and Persians are not to be changed.

We can do nothing to shorten the daily round or lighten the task of these young women. They come to us from good homes, and give three years of their young lives without recompense or material reward to help this hospital in its ministry of mercy to the children of poverty and pain. I say that the hospital can do nothing to reduce the labors of these nurses, but this building represents an effort to do something to increase their comforts. The best that can be done is none too good for these nurses. There is no nobler type of womankind even in this land of noble women.

I know that the hospital will get its reward for what has been done under this roof to surround the students of our School of Nursing with healthful and sanitary conditions of life that will build up their strength and send them away from the hospital in health as good, or even better, than the health which was one of their qualifications when they entered our service.

Among the distinguished Canadian guests were his Honor the Lieutenant-Governor and Mrs. Mortimer Clark, Prof. Goldwin Smith, Trustees Hon. George A. Cox, Charles Cockshutt and John Flett, and other friends of the hospital.

PRACTICAL SUGGESTIONS

A little aqua ammonia immediately used will remove stains on clothing and bedding made by Tr. Iodine.

To remove the odor from the hands after using iodoform, wash well with soap and water, then rinse with vinegar.

ADDING a little essence of peppermint to a soap and water or plain water enema helps to relieve flatulence and neutralizes odor.

A frozen eggnog makes an acceptable change to a patient on a liquid diet, or for one needing nourishment, to whom a milk and egg diet is objectionable.

To avoid the cold or clammy feet that often follows a patient's bath, I make a practice of placing a bottle of hot water in the bed as soon as the bath is finished.

I have relieved obstinate colic in small infants, after simple remedies had failed, by laying the child, stomach down, on a hot water bottle, and giving a rectal injection of milk of asafœtida.

When using chopped ice, if it is put into a sieve or strainer that fits the top of a bowl or pail, then covered with a napkin or piece of flannel, the ice keeps dry, and lasts a long time, even in a hot room.

In making out a list of things needed for an expectant mother, I advise at least three short gowns for use during first week of puerperium. If you can once persuade a patient to wear them, she soon realizes their comfort and convenience.

On a recent case in a small city, where the people did not keep help or have modern conveniences, they fastened a good-sized pail, attached to a strong cord, to the upper railing of the stairs. By drop-

ping to the hall below for any article needed, they saved many trips up and down stairs.

For first napkins for infant, I ask for one or one and one-half dozen made from best cheese-cloth, cut thirty-seven inches long, folded lengthwise, the three remaining edges sewed together. This makes a half-yard square of four thicknesses. To use with these for first week, small thin pads about six inches square made from any old soft material; these are burnt up.

In answer to the question of caring for more than one patient, asked in the February Journal, Miss Tooker, of the Michael Reese training-school, Chicago, writes: "In cases of severe illness of two members of a family, our doctors usually see that nurses are provided for each member, but in cases of moderate severity thirty-five dollars has, I understand, been charged; never, that I know of, more than that."

For a number of years I have used a very satisfactory bag made from denim and fastened with a shawl-strap. When open it is simply a square one and one-half yards long, with the corners for nine inches



Linen Bag Open.

in length and fifteen inches in width cut out. The corners are rounded and the whole thing bound with braid. It can be folded to carry any amount needed, is light to carry, and can be washed when soiled.

L. F. N.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING FEBRUARY 12, 1907

BARTHOLOMEW, ANNIE MORSE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

BROCK, SARAH A., graduate of Pennsylvania Hospital Training-School, 1894 reappointed and assigned to duty at General Hospital, Presidio of San Francisco.

HALL, MRS. MARY B., graduate of Massachusetts General Hospital, 1883, reappointed and assigned to duty at General Hospital, Presidio of San Francisco

HOUGHLAND, FLORENCE A., graduate of University Hospital, Kansas City, Missouri, 1901, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

KALLEM, HANNAH A., transferred from Presidio of San Francisco to duty at General Hospital, Fort Bayard, New Mexico.

KELIHER, JOSEPHINE, graduate of Providence Hospital, Washington, D. C., 1902, reappointed and assigned to duty at General Hospital, Presidio of San Francisco.

KNIGHT, DELLA V., arrived in San Francisco January 15 from Philippines; assigned to duty at General Hospital, Presidio.

KROTZER, BERTHA M., transferred from General Hospital, San Francisco, to duty in the Philippines Division. Sailed February 5.

MOORE, NELLE, arrived in San Francisco January 15 from Philippines; assigned to duty at General Hospital, Presidio.

REID, ELIZABETH D., transferred from San Francisco to duty at General Hospital, Fort Bayard, New Mexico.

SANDERS, MINERVA A., transferred from General Hospital, San Francisco, to duty in the Philippines Division. Sailed February 5.

SWEENEY, MARY AGNES, graduate of Deer Island Hospital, Boston, 1901–1903; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

WHITE, ELLEN L., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

WINSLOW, MINNIE A., formerly on duty at General Hospital, Presidio of San Francisco, at home for discharge at expiration of leave of absence.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | APRIL, 1907 | NO. 7

EDITORIAL COMMENT

NURSING EDUCATION: THE SHORTAGE IN PROBATIONERS

DURING the month we have been giving much thought and study to the causes of the reported marked falling-off of applicants for training in the nurse schools. We have had the opinions of a number of women who are actively engaged in hospital work, and have had many ideas and suggestions advanced from conservative, thoughtful women in different lines of nursing work, which we embody in these comments. It is impossible to go very fully into so broad a subject in the space allotted to an editorial, but we think those interested will understand our motive in stating the bald truths in regard to the responsibility of the hospitals for this shortage.

In going back thirty-five years, to the beginning of the training-school movement in this country, we find very different economic conditions for women. Teaching, sewing, clerkships, housework, were practically the only respectable occupations open to them. The idea of higher education for women was just developing. Public school education had so broadened the intelligence of the average American and Canadian girl that she rebelled against dependence upon the male members of her family, as had been the custom for generations, if a woman was unmarried; and the establishment of training-schools provided not only a respectable occupation by which she might become self-supporting, but appealed to the spirit of self-sacrifice which is inherent in every woman's nature. Consequently, the hospital training, with its vitally interesting opportunity for personal service, became a popular field of labor to a great multitude of unoccupied women of fair education and good family. The long hours of hard manual labor, crowded quarters, and poor food were endured with enthusiasm born of the self-sacrificing

spirit, the absorbing interest of the work, the somewhat sentimental attitude of the public, and the fact that the moderate money allowance made it possible to meet the expenses of clothing while one was acquiring a means of independence for the long future. The tremendous reforms that came about in the hospitals as a result of the superior service afforded by the pupils of the schools made the executive positions a most interesting and satisfactory field of work to a large class of educated women who possessed administrative and teaching ability, and who made up the great group of pioneer superintendents who, steadily and without faltering, have carried forward the work of bettering the conditions of living for the nurse in training, and have struggled to provide for her the education in nursing which was promised when the training-schools were first opened—a promise which very few hospitals have fulfilled.

In this thirty-five years economic conditions for women have undergone such a wonderful change that it is said there are now only three lines of work that may *not* be occupied by women. Many kinds of work give to educated women of the same class that nurses are drawn from equal remuneration when estimated as an annual income, with an eight- or nine-hour day, forty-eight or fifty-four hours per week. Stenographers, private secretaries, librarians, national and state employees, work from nine to five, or less, with half a day on Saturday, all day Sunday, and every evening free, while nurses in the hospitals average ten hours a day, and in some instances from twelve to fifteen. As Sunday brings no lessening of suffering to the sick, it brings no rest to the nurse, who, after her six days of ten hours, continues to labor just as many on the seventh. There are a few hospitals where the nurses work but eight hours a day, just as there are training-schools that have separate residence buildings for their nurses, and have awakened to the importance of giving an equivalent in education as a return for service; but they are exceptions and notably rare.

The women who have been ten, twenty, or thirty years engaged in nursing work have come to realize that it is the hardest life that a woman of intelligence is called upon to live. The education the hospital has promised in return for service is often of a very meagre kind, and "wise" economy usually makes the nursing service and the food the first points of retrenchment. In private duty, twenty-four hours out of the twenty-four when the case is critical, and eighteen out of the twenty-four when the case is easy, seems to be about what is generally expected of the nurse. One hundred and twenty-six hours per week is longer than those required of women workers of the lowest order of intelligence. As a consequence, we find great numbers of nurses now in the field who

refuse to recommend "nursing" to younger sisters or nieces, or the daughters of old friends, and educated young women who have studied the economic situation before choosing an occupation naturally avoid the one which makes the greatest demands, but gives the least personal liberty, of all the occupations open to women.

The conditions under which the nurse secures her education, and under which she lives and works, have not kept pace with the progress of general education and with the conditions of living of other classes of workers. The responsibility for this rests not with the nurses themselves, but with the managers of the philanthropic institutions with which the training-schools are connected.

Comparing these conditions with the great business opportunities of to-day, with the commercial spirit which seems to predominate among every class of people, we think it is not difficult to understand why thousands of women who formerly turned to nursing as almost the only available means of support are now entering other lines of occupation.

OTHER REASONS

There are, however, a number of special reasons which may, at this time, be contributory to the lessening popularity of nursing as an occupation. The three years' course, with the non-pay system, was universally established in the schools about the time that the state registration movement began. This reform came about through the concerted efforts of the superintendents of the training-schools, as a means to three separate ends: First, by lengthening the term of service to three years, it was understood that the number of nurses would be increased; and this, together with the employment of more ward maids to do that part of the housework of the hospital that has no relation to nursing the sick, would materially lighten the domestic drudgery. Second, with these conditions complied with, time and strength would be afforded for instruction, study, and reasonable recreation. Third, by the non-pay system, the hospital would not be financially embarrassed in complying with these conditions.

The nurse in the third year has gained so much in experience and poise that no one who has watched the development under honest conditions can for a moment doubt the tremendous value of the longer term.

But, we would ask, how many of the great multitude of small private and politically and commercially governed hospitals, which have eagerly availed themselves of the third year of skilled service afforded by the three-year plan, have shortened the hours by adding to the force,

lightened the drudgery by employing more ward maids, or paid for skilled teachers and instructors with the money saved by the non-pay system?

THE EDUCATIONAL TEST

To what extent the preliminary educational requirements and the examinations established by state registration are contributory to the decrease of applicants, no one can yet say. The Board of Nurse Examiners in New York State are making some investigations along these lines for their own guidance, and the report of the Education Department, which is now in press, will show to what extent the law is being complied with, and the result.

THE EFFECT OF RETROGRADE MOVEMENT

We believe the time has passed when shortening the course and restoring the old conditions of long hours, household drudgery, and haphazard instruction, will restore nursing to its former popularity. There is only one way in which this will ever be done, and that is by the course approved by the great multitude of women now in the nursing field, viz, by giving to nursing an educational status that will remove the stigma of social ostracism and lead to professional recognition; and by relieving the terrible physical strain caused by long hours and hard labor, both in hospitals and private duty, so that a woman with ordinarily good health may work out her days in caring for the sick.

We believe that no training-school can prosper when its great body of graduate nurses openly disapprove of the conduct of the school. There can be but one object for a return to the two years, and that a commercial one. This, when so openly declared, will have the effect of scaring away the most desirable applicants to schools of the highest grade and which maintain just conditions.

ACTION TAKEN BY ALUMNÆ ASSOCIATIONS

The Alumnæ Associations of the New York, Roosevelt, and Bellevue have sent resolutions to the managers of their training-schools, protesting against the abandonment of the three years' course of training. Although Bellevue has not yet declared its intention of taking this back-step, it is considering the matter seriously, and has sent out the following circular letter to the superintendents of the hospitals of the state:

> Several of the training-schools for nurses in this city are now considering the relative merits of a two years' course and a three years' course for training

nurses, and we shall be very much obliged to you if you will let us have any information and suggestions that you can give us upon the following points:

1. Have you ever had a two years' course of training in your school, and if so, what were your reasons for changing?

2. Do you find the three years' course entirely satisfactory, and, if not, what are your objections to it?

3. Under what conditions, if any, other than those of your school at present, do you consider that a two years' course would be preferable?

4. Do you think that the advantages of a three years' course could be obtained by adding to a two years' course an optional graduate course of from six months to a year, with a different form of diploma to be given to the graduates of the longer course?

5. Do you find any difficulty in securing a sufficient number of applicants to take a three years' course?

6. Do you believe that the number of applicants for training would be increased by the shortening of a course from three years to two?

The Visiting Committee considers the question of the length of nurses' training of the highest importance, and we shall greatly appreciate any information that you may be able to give us.

COURTENAY DINWIDDIE, Secretary.

Where the superintendents are nurses, we feel quite sure the majority will stand for the three years, but in an agitation of this kind many of the smaller schools may follow blindly the leadership of the larger hospitals, which are supposed to give the best training, although, as is now being shown by the examinations, they do not always do so.

If we could be sure that with the return to the three years we would have a uniform reduction of hours, an increase in the number of nurses and ward maids, a sufficient number of paid instructors, and time for study, we would not consider the change a very serious setback in nursing education; but this would mean commercially such a serious loss to the hospitals that we cannot believe in the honesty of the motive for such a step on the part of the promoters of the plan.

PROGRESS OF STATE REGISTRATION

THE New Hampshire bill for the state registration of nurses was signed by the governor, and in the report of the New Hampshire state meeting, which will be found on another page, are given the names of the first Board of Nurse Examiners—women whom we know personally to represent the highest ideals in nursing, and who will administer the law justly and with moderation.

The Connecticut law has been attacked through the legislature,

through the influence of a male nurse who was denied registration by the Board of Examiners, as being ineligible under the conditions of the statute.

The West Virginia bill was pronounced unconstitutional by the governor, and returned to the legislature for amendments. What its fate will be cannot yet be determined.

From Indiana, we have only a newspaper clipping as authority for the statement that the education requirement of a high-school diploma has been reduced by the legislature to that of a grammar-school.

In Pennsylvania the public press has shown a kind of opposition more malicious and vindictive than has been found in any of the other states since the registration movement began. In the name of the medical profession, facts and standards have been falsified and misrepresented to an extent which lowers one's respect for the honesty of the men who have taken part in the opposition.

In North Carolina an amendment to the bill was passed on March 5th, which makes it now read:

> That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meetings it shall be their duty to examine all applicants for license as registered nurse, of good moral character, who can prove to the board that he or she is more than twenty-one years of age, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital or sanitarium, where three years of training, with a systematic course of instruction, is given in the hospital.
>
> Examinations will be held in the elements of anatomy, physiology, materia medica, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license, authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R.N."
>
> The said Board of Examiners may, in its discretion, issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Each applicant, before receiving license, shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

The educational requirements are now raised to a high standard, which places North Carolina in the first rank in state registration. This is splendid progress, and may give courage to those now meeting with all sorts of opposition.

The Texas nurses have organized a State Association, making twenty-six states in which the nurses are banded together, all working for the same end—namely, state registration of nurses.

WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

The women physicians of New York organized a state medical society at Rochester, on the birthday of Dr. Sarah R. Adamson Dolly, March 11, 1907. This society is organized with the distinct understanding that it is not to divert interest from the Medical Society of the State of New York, but rather to encourage greater activity in organized work, and to bring the women physicians more closely together socially and for mutual helpfulness. It seems remarkable that Iowa is the only other state with an organization of this kind.

Dr. Dolly is one of the pioneers among the women in medicine, having graduated from the Central Medical College of Syracuse and Rochester in 1851, two years after Dr. Blackwell was granted a degree from the Geneva College. She is now seventy-eight years of age, and is still actively practicing her profession. She has always been one of the unseen forces for the advancement of women in medicine.

THE MEETING AT RICHMOND

It is exceedingly difficult for the committee of arrangements to give, so far in advance, a complete programme of the meeting to be held this year in Richmond, as there are many sub-committees to be heard from. Then, too, the exposition at Jamestown is such an attraction that plans must be arranged so as to allow opportunity for the members and delegates to include a visit to it in the trip.

In the May Journal a clearer outline of the programme will be given. We are assured, however, by the president, Miss Damer, that the arrangements that are being made give promise of a most unusually interesting series of meetings, that the social entertainment will be of a delightful character, and that the Richmond nurses are planning a boat trip down to Jamestown which will add much to the pleasure of the occasion.

Those who attended the World's Fair in Chicago and the Exposition in Buffalo will appreciate the opportunity of again combining with a great nurses' convention the interests of a national exposition. The Jamestown celebration, being historical in its scope, will be very unlike any other of the kind ever held in this country. The season of the year is ideal for a visit to the Southern country, and the noted hospitality of the Southern people will give an added charm to this the tenth convention.

We want to urge every nurse who is planning to take a vacation this summer to do so at the time of the Richmond convention, that there may be a great gathering of members to avail themselves of all the interests and pleasures that it will afford, and also that there may be a widely representative group of women to take part in the discussions of subjects of especially vital importance to the nursing body as a whole at this time. There has never been a year when we needed closer coöperation, with an intelligent understanding of all the forces at work for the upbuilding as well as the destruction of nursing standards. The inspiration to be gathered at one of our national conventions cannot be measured in words. Let us have a great meeting at Richmond, that we may gain strength from the force of members, courage from the wisdom of the experienced leaders, and enthusiasm from the great army of younger nurses who are preparing to lift the load as the years roll by and the pioneers drop more frequently out of sight.

AN INJUSTICE TO WOMEN IN MEDICINE

THE completion of the new buildings of the Woman's Hospital in New York City, some idea of the magnificence of which can be gathered from Dr. Goffe's paper and the photographs in this JOURNAL, makes one naturally wonder why a hospital established by women, for the exclusive treatment of women, should not give recognition to women physicians; and we find that in "Women's Work in America," a book published some ten years or more ago, Dr. Mary Putnum Jacobi, in the chapter on "Women in Medicine," makes this comment:

> When the New York women organized the Woman's Hospital for Dr. Marion Sims, they framed a by-law which has since passed into oblivion, to the effect that the assistant surgeon should be a woman. Emily Blackwell was the woman who should have been chosen. She had an education far superior to that of the average American doctor of the day, a special training under the most distinguished gynecologists of the time, Simpson and Huginer, and had received abundant testimonials as to capability. While there was really not another person in New York possessed of either such opportunities or such special testimonials, the overtures were rejected. Dr. Sims passed by these just claims to recognition, and evaded the mandatory by-law of his generous friends in a way that is most clearly shown in his own words: "One clause of the by-laws provided that the assistant surgeon should be a woman. I appointed Mrs. Brown's friend, Henri L. Stuart, who had been so efficient in organizing the hospital. She was matron and general superintendent." ("Story of My Life," by Marion Sims, p. 209.) It would have been an act both graceful and just on his part at this crisis to have shared his opportunities with the

two women who, like himself, had been well buffeted in an opposing world, and whose work and aspirations were so closely identified with his own; but this he failed to do, and the lost opportunity made all the difference to the pioneer women physicians between brilliant and modest, between immediate and tardy, professional success.

We are more than delighted to welcome the opportunity which the Woman's Hospital offers for post-graduate experience and affiliation with other schools, but we hope to hear that in the reorganization of this hospital women physicians are to be given the recognition that the original donors intended them to have.

OBITUARY NOTICES

THERE still seems to be some misunderstanding in regard to the publication of formal resolutions in this JOURNAL, and we wish to explain again to our readers that it was decided a year ago, after very careful consideration, that the form of the resolution of sympathy adopted by the alumnæ associations to be sent to the family should not be used in the obituary notices published in these pages, but instead an announcement of the time and place of death, with a sketch of the nurse's work, showing her service to the public and to her profession. Many of the formal resolutions come to us without dates or any facts bearing upon the professional side of the nurse's work, so that such announcements as we are able to make seem very meagre, unless the editor happens to know personally something of the life of the nurse. We wish to record in the JOURNAL the death of every woman who has been enrolled as a member of the great nursing fraternity, and in order to do this we must have facts, and give these facts as concisely as possible.

ANOTHER NURSING TEXT BOOK

As we go to press the announcement is made of the publication of another text book in nursing from the pen of one of our best known practical teachers, Miss Anna C. Maxwell of the Presbyterian School for Nurses of New York City, in collaboration with Miss Amy E. Pope. The book will be put out by Messrs. G. P. Putnam's Sons and will be reviewed in our next number.

As a teacher Miss Maxwell's strongest work has been in the careful detail of the practical side of the nurses training and her book cannot fail to become a very valuable addition to our nursing literature.

THE WOMAN'S HOSPITAL IN THE STATE OF NEW YORK, AND ITS POST-GRADUATE SCHOOL FOR NURSES

By J. RIDDLE GOFFE, M.D.

Attending Surgeon Woman's Hospital; Professor of Gynecology New York Polyclinic Medical School and Hospital, etc.

THE opening of the beautiful new building of the Woman's Hospital in New York City affords another opportunity for nurses to acquire special instruction and experience in that somewhat exclusive specialty, gynecology.

The gynecologist has been steadily enlarging his field of operative work during the past ten or fifteen years. It is no longer confined to the generative organs of women, but, while restricted usually to female patients, embraces the urinary tract in all its special organs—the urethra, the bladder, the ureters, and the kidneys—also diseases of the rectum and all the surgery of the abdomen, such as operations for appendicitis and diseases of the gall bladder and gall ducts, as well as gastro-enterostomy for obstruction of the pylorus, or gastric ulcer. In this connection it is interesting to recall the fact that Marion Sims, the father of modern gynecology, was the first to indicate and insist that laparotomy is the proper treatment for injury of the intestines as well as for inflammation of the gall bladder. The modern gynecologist is therefore simply following the teaching of his great leader.

The many intestinal complications resulting from inflammatory diseases of the uterine appendages and tumors of the uterus and ovaries, have familiarized the gynecologist with resection and anastomosis of the intestines, and in every particular has especially qualified him for abdominal surgery. Acting upon this conviction, the American Gynecological Society, at its meeting two years ago, officially announced, by changing its constitution, that its object was "the study and treatment of diseases peculiar to women, and of abdominal surgery."

The Woman's Hospital, which is the recognized font of all things progressive relating to this specialty, affords a wide field of training for a nurse in the class of cases requiring the most skilled after-treatment and care. These opportunities are brought within the reach of all trained nurses by the organization in the hospital of a post-graduate course for nurses, the requirements and conditions of which are given below.

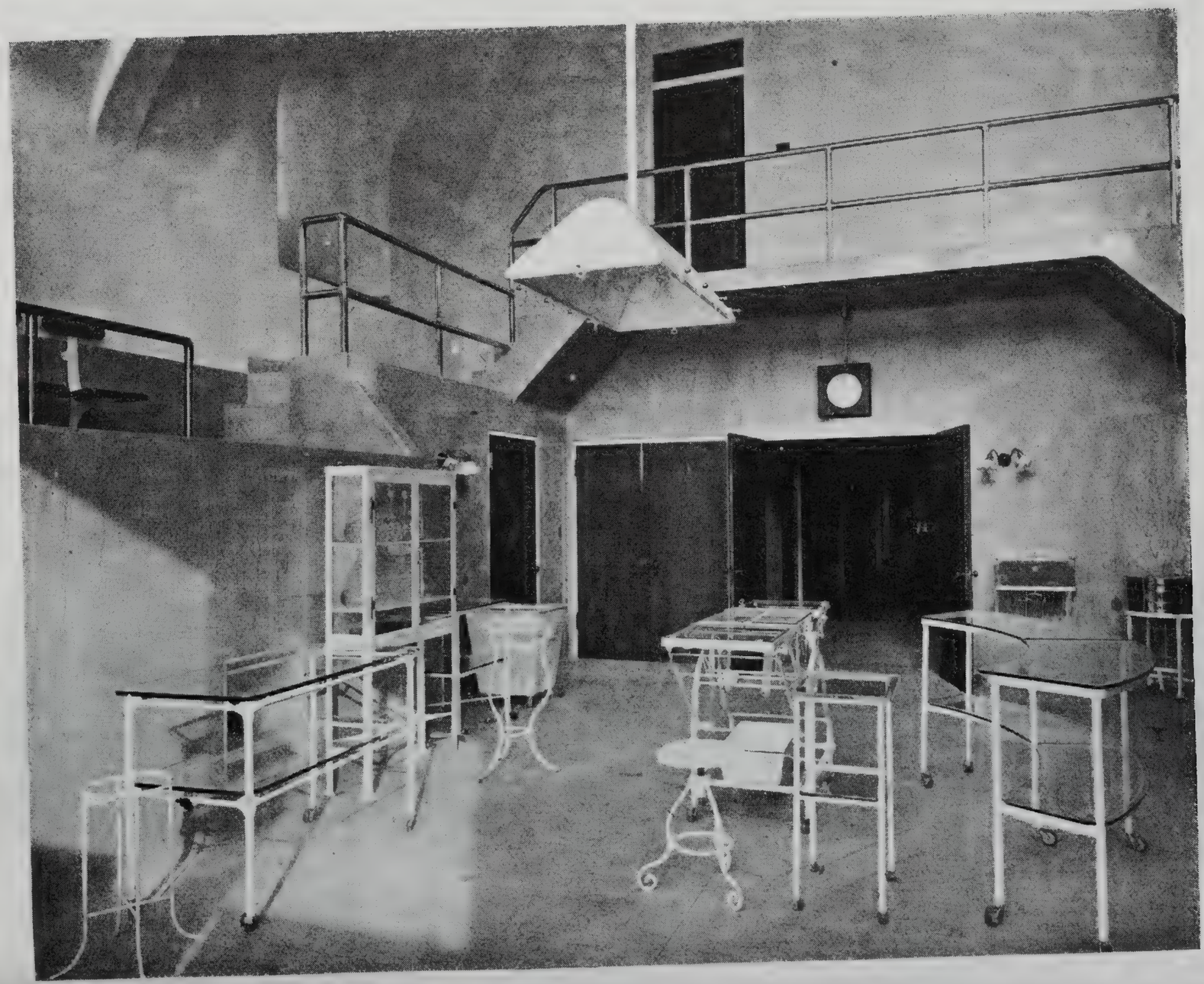


The New Woman's Hospital.



The Sterilizing Room. All cloth articles, wearing apparel used in the operating room, are put inside for 30 minutes under 15 pounds steam pressure, to kill all germs, etc. Repeated for three days.

Small Operating Room.



Large Operating Room.

REQUIREMENTS FOR ADMISSION

Training-schools whose course occupies a period of two or more years may send their pupil nurses to the hospital during their last year for a term of not less than three months' training, during which time they will be given instruction in the various departments of this hospital.

In regard to monthly allowance, the policy of the school from which the nurses come will be carried out. Where payment is made, the Woman's Hospital will provide the return ticket, in addition to the monthly allowance. In other cases the Woman's Hospital will pay fare both ways, when amount does not exceed thirty (30) dollars.

While at the Woman's Hospital, pupils are subject to the same rules and regulations as the nurses taking the post-graduate course.

The course is six months, one month being considered probationary.

Applicants must be graduates of approved training-schools.

Each application must be accompanied by a certificate of recent date from the superintendent of the school in which the applicant has been trained, testifying to the applicant's general efficiency as a nurse, and also by a certificate from a physician, testifying to the applicant's sound physical condition. These certificates may be addressed "To whom it may concern," but the original certificate (not a copy) must be forwarded to the hospital, and shall become the property of the hospital.

Applicants who are accepted are required to sign a written agreement to remain in the school six months, and to conform to the rules of the hospital.

The date for admission to the school is assigned after requesting the applicant to state the exact date she wishes to enter.

Nurses receive, monthly, a sufficient allowance to cover the cost of uniform and other incidentals. They are required to wear the uniform of the school. Until the uniforms are provided, nurses may wear uniforms of their own schools, or any plainly made dress of washable material (except white).

Two hours off duty are allowed each day, and, if possible, one afternoon off duty is allowed each week, and half of Sunday.

Nurses who become ill during their term of residence in the hospital are cared for, but the time so lost from their duties must be made up.

A course of lectures is given by the principal of the training-school, and the head nurses.

During their term of residence in the hospital, nurses serve as assistants in the various departments. They derive experience in the management of wards, in treatment-rooms and in operating-rooms, in the special care of laparotomy cases, in the preparation and sterilization of instruments, dressings, etc., and in the treatment of catgut and other ligatures by the most approved methods. They also receive instruction in massage.

Examinations are held at stated periods.

At the expiration of the course, nurses who have passed satisfactory examinations and whose work and conduct have been approved are awarded diplomas.

Further information may be obtained by communicating with the hospital.

The handsome building between Columbus and Amsterdam Avenues, with entrances on 109th and 110th Streets, faces the grounds of the

Cathedral of St. John the Divine, thus affording desirable air space and attractive views.

Most ample provision has been made for accommodation of the nurses. The facilities of the entire second floor are devoted to them. No patients, no house doctors' quarters, no administration offices intrude upon the retirement of this exclusive domain; the nurses reign there supreme.

The apartments of Miss Wilderson, the superintendent of nurses, are most attractive, consisting of sitting-room, bedroom, and bath. Adjoining these is the nurses' dining-room, opening into their sitting-room beyond, a place for social intercourse at all times and a gathering place preceding meal hours. The room is attractively furnished, and through its spacious windows overlooks Cathedral Heights, with the slowly rising arches and minarets of the great edifice, and the beautiful wooded Cathedral Park in the immediate foreground. Each nurse is provided with a bedroom for her exclusive use, thus insuring privacy, comfort, and opportunity for uninterrupted rest either day or night. These attractive little single rooms open upon the long hall on either side, and, respectively, command views in all directions. At either end of this nurses' hall is a luxurious bath-room, fitted up with bath-tubs, shower baths, and every necessary facility.

The accommodations of the nurses would be the envy of the house staff were they not provided with equally attractive and desirable quarters in the "doctors' hall" on the floor below. Indeed, in all the arrangements of the hospital, the comfort of the working staff has been kept as constantly in mind as has that of the patients themselves. A feature of interest to the nurses is the fact that the members of the house staff are required to be graduates of some general hospital, and therefore qualified to be of the greatest service to the nurses in imparting at the bedside, in the various classes of cases, instruction in the latest improved methods in administering their work.

Enough rooms have been provided, it is presumed, to accommodate all the nurses that may be needed in the running of the hospital, so that the student nurses will have rooms as attractive as those of the permanent resident staff.

The new building is the latest structure of the kind completed and opened for the reception of patients in New York. It is in the style of the French Renaissance, and in all that relates to modern sanitation and hygiene is supposed to be the best. Careful inspection justifies expectation. Every cubic foot of air circulating in the building is drawn through cloth filters to remove all impurities, then passes through coils of pipes





A Nurses' Room.

heated or cooled, according to the season, to bring it to the required temperature, and then forced into the various rooms through inlets seven feet above the floor. The impure air is drawn out through vents near the floor. This arrangement secures ample circulation without draughts, and renders it unnecessary to open any windows. The air is changed in the wards and rooms every six or fifteen minutes. The private rooms of the nurses and servants, however, are provided with steam heat, under immediate individual control.

A large filtration plant in the basement insures pure water. Every drop of water used in the building is thus filtered, with abundant facilities for sterilization in the operating- and treatment-rooms. The ice-boxes and pantries throughout the building are constructed on the refrigerating plan, thus avoiding the necessity for ice, while the dumb-waiter shafts are heated and the meals thus kept hot in their passage from floor to floor.

The kitchen is on the sixth floor, and no dumb-waiter stops at more than one floor. In other words, each floor has a dumb-waiter for its exclusive use, and there is no danger of its being stopped in its flight from the kitchen to its destination. The serving rooms on each floor are also provided with hot-water trays for keeping food hot.

In antagonism to any possibility of dusty corners or hiding places for microbes are the universally rounded corners. These are found not only at the junction of the ceilings and floors with the side walls, but in the staircases, each step of which joins the next with a curved edge and meets the wall in the same way. All the doors are of solid oak, without panels, and their frames are of smooth, unornamented iron.

All shelves of the linen and other closets are separated from the wall by a narrow space, to allow air circulation and obviate corners for dust.

The wash-basins are supplied with levers that can be manipulated by the foot or the knee, thus keeping the hands, when washed, free from contamination by touching the faucets.

The floors are covered with an asbestos composition—"Taylorite"—that renders them easily cleaned, elastic to the feet, and noiseless.

Protection against fire is assured not only by the fireproof construction of the building but by outside connection for the city fire department hose, a watchman's clock on every floor to keep tab on his vigilance, and four standpipes with hose connection on each floor.

The accommodations for patients are adapted to every condition of life, there being four wards of twenty beds, rooms with two and four beds, and single rooms, with or without baths.

In this up-to-date hospital nothing seems to have been omitted that

surgical and sanitary science could suggest to render it a model institution. It is a liberal education to a nurse to live and work in this atmosphere for a brief six months.

STRENGTHEN THE WEAK LINK IN THE CHAIN

By MARTHA SMITH
Philadelphia

Scientists are striving to conceive of and evolve ideas along the line of perpetual motion—which is just what the public is asking for in the trained nurse. We *can* offer them some nurses who understand that their bodies are self-repairing machines that will give them long, willing service of a character which will satisfy the most exacting demand; and it will not be long before every nurse will be trained to understand herself before she begins to try to understand the sick. How can we understand others if we do not understand ourselves?

This self-repairing machine is one we already know of, but few people use this machine, their own bodies, with that understanding of it. A thorough understanding of this idea of the body—the body as a self-repairing machine—on the part of nurses in hospital service would save the management expense, the superintendent uneasiness, and the nurses themselves much uncharitable thinking about many things—which, in itself, would be a conserving of energy well worth having taken a hospital training to learn.

Work is not hard so long as the body is comfortable, and hours are neither many nor long until the mind wanders a distance away from the body. For one who cannot concentrate, there is nothing but fatigue and unsatisfactoriness. Where our thought is, there we are placing our energy; while the mind's instrument, the body, is then working without this energy.

When one has learned to watch the body as the engineer watches his steam gauge, it can be used at any work one chooses for an astonishingly long period of time, and one day after another the year through. Our health is the thing on which our whole life is conditioned. Why not learn to read our bodies as a barometer or steam gauge is read, and so not make, rather than wipe out, conditions? An ounce of prevention is better than a pound of cure, and every one has marvellous power within herself when once the mind willingly lends itself to this study of prevention and preservation, conserving of nervous energy and physical strength.

This applies to the body not only in hospital work (where the hours are long and the work is both hard and trying), but also in that phase of private work and home life where the monotony seems enervating, and the sameness continues to such an extent that it lacks the normal, even necessary stimulation. This, to many people, is a condition very trying on the general health.

Physical training, when taught to nurses, can be dealt with only by going directly to the principle on which all physical exercise is based: teaching this principle as applied to the motions used in making beds, lifting patients, carrying trays, long standing, endurance in hours of working, sitting at attention, and also relaxation for short periods of rest; as along the normal functional lines, keeping in view the fullest range of customary movements, many of which become impaired or lost from lack of accurate use even in these young women, or have not been brought into use.

All nurses are accepted or chosen in one respect for their good physical history and present condition. Few women at the ages when women enter training-schools have had experience or conditions which would test their endurance.

As we look for the weakest link in a chain, so we look upon a nurse who is normal with the view of finding where she would have a tendency to give out when pressed by mental anxiety, long hours, or any undue strain. If we can open the mind of the probationer to the necessity of watching at this point, she is initiated into establishing herself both ways, physically and mentally, even in this new kind of life, which is very extreme to her, and would test any woman, however normal, unless she had great buoyancy of spirit to reinforce her. It is now the duty of all teachers to inculcate in the young a philosophic attitude towards annoyances, disappointments, and even troubles, for these must be met by all, and the nurse seems to suddenly step into more than her share. Why should this teaching be left out of the probationer's course? From a rather thoughtless girl, she now watches herself at this important point, with no prodding or oversight from any one.

A little instruction to the new nurse, more as a note of warning than with any idea of remodelling her, will save her from slipping into the exaggerations of body the advertisements and fashion books of to-day are picturing. The sway back and exaggerated straight front are fashions which may be responsible for a nurse's beginning to give out if she persists in following them, instead of observing the principle of physical poise, when attempting to do long hours of work. How can she know principle when she has been taught only what not to do?

The distressing thought in this is that ninety-nine out of every hundred do not know that the present fashion as pictured in the alluring advertisements *is* incorrect. If one would think for a moment, it would come to mind that with every physical effort that soft part of the body below the ribs should be gathered together, thus bringing a relatively straight lumbar spine and level pelvis, which compels a normal action of the abdominal wall, by which support of the loosely-attached abdominal organs is maintained.

Every structure, even that of the body, has its foundation under it. This fashionable standing position throws the foundation of the body, the pelvis, back of its upright, causing a sharp contraction in the lumbar region; and, to counterbalance this, a throwing out of the chin, causing a second contraction, high up in the neck. This second contraction of the spine, which throws the chin forward, is the only means by which such a person keeps from falling on the face, or looking like the Leaning Tower of Pisa.

Any heavy lifting or exertion with the spine pressed in these exaggerated curves brings all the strain on the spinal column, leaving the lifting muscles of the front of the body without employment.

To reverse this order of action, use the strong muscles of the thighs and draw the chin in. This holds the head up from the back, freeing these two exaggerated contractions in the spinal muscles, and giving a normal action of the spine itself. The circulation is thus not interfered with.

The other extreme type of woman is the thorough-going house body, who knows nothing of the fashion, and who stands with her pelvis well under her, but has never asserted herself in any form of competition. She has a low chest, is stooped, and emphatically needs to be taught the principle of correct diaphragmatic breathing, which brings out the normal assertiveness necessary that she may hold her own against all odds in this new, strange world she has entered.

In teaching the principles of physical exercise, and not the set of exercises, it has been found that a balance of mind, evenness of temperament, physical endurance, and an ability to see another's point of view, are marked changes which come about, even when the instruction has been given for some physical defect. Especially does this developing of character become noticeable in those who have felt that circumstances have not warranted them in entertaining a big, generous view of life.

When the muscles are properly used they hold the framework without sense of fatigue, because there is no interfering with the circulation; for fatigue is often the result of imperfect circulation, rather than of

work done. Perfect circulation is simply another term for perfect repairing, because action and reaction are equal.

To watch this perfect physical poise, and give little thought to kind of work or hours required, would be doing the same thing as the engineer with regard to the steam gauge. A body improperly set up cannot be expected to give long hours of service, and it is unfair to demand it until definite instruction is given on this subject, and the nurse shows a practical understanding of the principles.

ARTIFICIAL FEEDING OF INFANTS

By SISTER AMY

Superintendent of Nurses, The Children's Hospital, Boston

THE ideal food for infants is breast milk, but if for any reason the mother is unable to nurse her child, cow's milk can be *modified*. That is, we alter the cow's milk and make it as near the strength and quality of human milk as we can. Necessarily, milk secreted to nourish the calf is not suited to the requirements of the human infant, for not only is there a difference in the *proportion* of food stuffs, but also in the character and behaviour of them. Roughly speaking, the analysis is as follows:

COW'S MILK

Fats	4 per cent.
Sugar	4½ per cent.
Proteids	3½ per cent.
Salts	¾ per cent.
Water	87¼ per cent.
	100 per cent.

HUMAN MILK

Fats	4 per cent.
Sugar	7 per cent.
Proteids	1½ per cent.
Salts	⅕ per cent.
Water	87 per cent.
	100 per cent.

HUMAN MILK PROTEID

Lactalbumin	$1\frac{26}{100}$ per cent.
Casein	$1\frac{3}{100}$ per cent.

COW'S MILK PROTEID

Lactalbumin	$\frac{53}{100}$ per cent.
Casein	$3\frac{2}{100}$ per cent.

We see by this that the percentage of *fats* is alike, but the globules in cow's milk are much larger and more difficult to digest on account of the large amount of volatile fatty acids present in cow's milk. The *sugar* of both cow's and human milk is identical in composition, it is lactose in solution. The difference in amount, however, is considerable.

The *proteids* of cow's milk are not only present in a much larger proportion than in human milk, but they show marked difference in character.

The *casein* of cow's milk is readily coagulated by rennet, acids, and by gastric juice. The curd formed is tough and firm, and dissolves slowly by the action of the digestive fluids. The casein of human milk is not regularly coagulated, and only slightly and with difficulty by acids. The curd formed by the gastric juice is loose and flocculent, and it is readily and completely dissolved. It is this difference in the proteids which presents the greatest difficulty in the use of cow's milk for infant feeding.

The *reaction* of cow's milk, though alkaline when freshly drawn, soon becomes acid, thus we have added the alkali (*viz.*, lime water). Human milk is alkaline. Cow's milk always contains a large number of bacteria, which increase in proportion to the age of the milk. Human milk is either sterile or contains a few cocci from the milk ducts.

As cow's milk is most available for substitute feeding of the infant, we must be sure that it is properly handled. It must be fresh (never over twenty-four hours old), it must contain no preservatives, it should be from healthy animals (free from tuberculosis, etc.), properly stabled and fed. It should be taken from mixed or herd cows instead of from a single animal. The grade cows, or common red cows, are preferable to Jersey or highly bred animals, as the former are stronger, less subject to disease and other influences which affect milk.

We may obtain milk from the laboratory, from selected clean farms, or from stores, but the latter should never be used for an infant if it is possible to prevent it, as it is scarcely ever pure or untainted. Many infants lose their lives or contract severe illnesses, especially in summer, from the poison in store milk.

The laboratories were started in 1893, and undertake to furnish "modified milk" of any desired porportions upon the prescription of the physician. The elements chiefly used in the Walker-Gordon Laboratories are (1) cream containing sixteen per cent. fat, (2) separated milk, from which fat has been removed by the centrifugal machine, (3) a standard solution of milk sugar, twenty per cent. in strength. Prescriptions can be made very accurately from these materials, and lately, by using whey, a second modification of the proteids has been accomplished, so that a larger proportion of lactalbumin than casein can be used.

When cream is ordered from a laboratory it should be stated whether "gravity" or "centrifugal" cream is desired. The latter is considered most desirable because it can be obtained from fresh milk, while gravity cream is obtained from milk standing at least twelve hours. All milks from the laboratory are delivered in sterile sealed bottles, jars, or tubes, and may be pasteurized or sterilized to any temperature ordered by the physician. It is very expensive, and is therefore not practical in nursing the poor. It costs from fifty to sixty cents a day at least. A mother or nurse should never order prescriptions of milk without the advice of a physician, any more than a prescription of medicine from a druggist. There can be no set rule for strength of food for infants; each individual case must be studied and prescribed for.

We must next consider *home modification* of milk. One of the most important things to teach the mother or nurse about this is that everything that will be required for this work must be bought for the purpose and kept separate from all common kitchen utensils and scrupulously *clean*. In the first place, it is desirable to have a small nursery ice-chest, if possible (these cost about five dollars), to keep cream, milk, and modified milk in, and to be used for nothing else. This must receive most careful daily cleansing with soda water, and be kept in a clean, cool room. Quart glass jars, or bottles with wide mouths, are best for preparing milk or cream. These must be boiled each day before use, putting on in a clean kettle or sauce-pan in cold water, and bringing to a boil. The hands must be thoroughly washed before handling them. It is desirable to have a clean, light room, apart from the house kitchen, where mixtures can be made. We must instruct the mother to put on a clean apron, to scrub the table or put on a clean table-cloth (well ironed), to wash her hands, and everything that she is going to use, and to keep separate glass towels, freshly laundered daily, ready for use. Besides glass quart bottles, she will need a teaspoon, a tablespoon, a quart measure or glass graduate, a two-quart agate sauce-pan, a Walker-Gordon pasteurizer, with bottle-rack or steamer; a funnel, a two quart pitcher, and absorbent cotton.

Milk may be placed in a glass jar for twelve hours. If fat is not removed the whole quart of milk equals four per cent. fat.

There are three ways to remove cream from glass jars:

1. Pouring.
2. By dipper.
3. By siphon.

The physician's prescription for the modification of milk may call for:

Top Milk	4 ounces
Whey	20 ounces
Lime Water	2 ounces
Water	8 ounces
Milk Sugar	3 tablespoonfuls

Put six ounces in each of five bottles. Pasteurize at 167°.

The sugar of milk must be measured and put into a clean quart bottle, and the right amount of boiling water poured upon it. It is

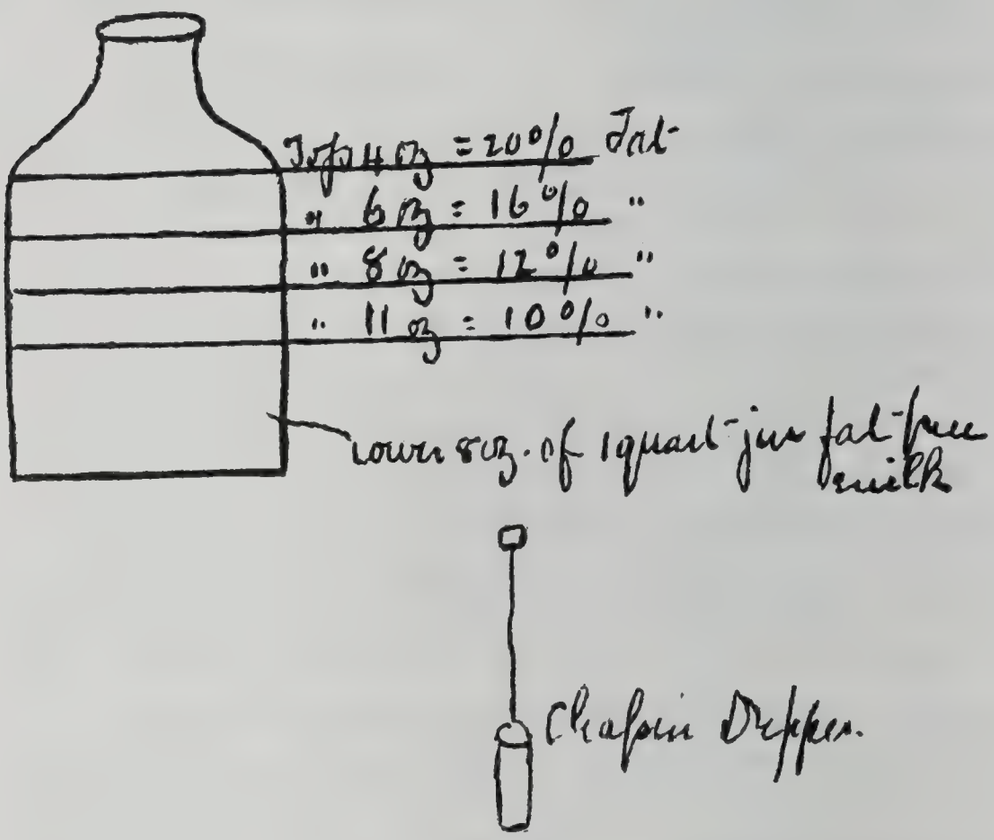


FIG. 1.

then covered and set away to cool; the fat-free milk, and cream are then added. The mixture is then pasteurized at the temperature ordered, cooled, and kept in an ice-chest. The cooling must be done slowly. If taken directly from the pasteurizer and placed on ice, the sudden change of temperature, from 167° to 32°, tends to change the composition of the milk. It may be cooled by placing under running water, starting with warm water and then adding cool as fast as possible, the whole process taking about ten minutes.

To make whey, add a teaspoonful of essence of pepsin or liquid rennet, or a junket tablet, to a pint of skim milk. Heat at blood heat,

about 100° F., until it coagulates. Break up the curds with a spoon or fork. Strain through a handkerchief. What goes through is whey. Heat whey to 150° F. before mixing it with the cream.

When a feeding is required, the mixture is measured and poured through a funnel into the bottle. A cotton stopper is put in, and the milk heated to 100° F. A clean nipple (which is kept in boiled water and soda bicarbonate) is placed on the bottle without handling the pointed end, the bottle is done up in a cosy or napkin (to keep warm), and taken at once to the baby, without handling or infecting the nipple by allowing it to touch the bed-clothes or the baby's clothes, etc.

The baby must be held during the entire feeding, which should take from eight to fifteen minutes, and it should not be amused or distracted from the business of feeding. If the baby takes the food too rapidly, the hole in the nipple is too large, and a new nipple should be purchased. The nipple should be tested by tipping the bottle upside down, and if the hole is the right size the milk will fall drop by drop. If it runs in a stream it is too large. A hole is made by sterilizing a number 9 sewing-needle red hot and puncturing. This operation may have to be repeated once or twice. After feeding, the bottle and nipple must receive immediate attention, washed thoroughly in running cold water, then in hot soapsuds, the nipple turned inside out, and then replaced in soda solution, and the bottle filled with cold water. Once a day the bottle and nipple must be boiled, and all new nipples must be boiled before using.

OPERATING-ROOM PROCEDURES

Compiled by KATHARINE DeWITT

PREPARATION OF LIGATURES, ETC.—*Continued*

Silkworm Gut.—1. Cook County Hospital. Sterilize with each set of instruments.

2. Johns Hopkins Hospital. Cut in lengths 40 cm., wind around fingers, place in tubes, and sterilize one-half hour.

3. Lakeside Hospital. Wash gut with soap and water, rinse well. Sterilize, as above, or boil ten minutes, which makes the gut very pliable, or put two or three crystals of methylene blue in water and boil the gut in that, so giving it a blue color.

4. Presbyterian. Boil white silkworm gut for thirty minutes. To dye it, dissolve extract of logwood, ʒv, copper sulphate, ʒii, in two pints of water, and boil the gut in this solution five minutes.

Horsehair.—1. Syms Operating-Room. Scrub with a brush, soap, and hot water. Soak for three hours in 1–1000 bichloride. Wash well in 95 per cent. alcohol. Place in tubes, cotton plugged, sterilize for one-half hour, at twelve pounds' pressure on two days.

2. Cook County Hospital. After scrubbing, immerse in sulphuric ether for twenty-four hours. Boil in sterile water twenty minutes. Preserve in 95 per cent. alcohol.

3. Augustana. Silkworm gut and horsehair are prepared in the same way as silk.

Silver Wire.—1. Syms Operating-Room. Boil for one-half hour before using.

Sterilization of Catgut.—1. Johns Hopkins Hospital. First Part. For all sizes: (1) Have sterilizer thoroughly cleaned (with ether) of all alboline; (2) line basket with filter paper full of large holes; (3) drop catgut in loosely and do not fill sterilizer over half full; (4) have top of sterilizer off and all pet-cocks removed; (5) place bulb of thermometer near top of catgut; (6) heat to 85° C. ii about one hour; (7) cover sterilizer with card-board top and take one-half hour to raise temperature to 100–105° C.; (8) keep temperature at 100–105° for one-half hour; (9) pour on alboline heated to temperature 100° C. Disturb catgut frequently during drying.

Second Part. I. For No. 1 catgut: (1) Keep at 100–105° C. for one hour; (2) raise to 150° C., remove light and let cool. II. For

No. 2 catgut: (1) Keep at 100–105° C. for two hours; (2) same as above. III. For No. 3 and formalin catgut: (1) Keep at 100–105° C. for three hours; (2) same as for Nos. 1 and 2.

NOTE.—Sterilize only on a dry day and in a dry room. Sterilize only one size or kind of catgut at a time.

All catgut to be cut into lengths 40 cm., ten strands. Wind around fingers into coils. Dry thoroughly in sterilizer with all valves open, allowing five hours for temperature to reach 80° C. and keep between 80° C. and 85° C. for three hours more. Close the valves, turn out the lights, pour on cumol and boil for one hour at temperature 150–165° C. Turn out the lights. Draw off the cumol and allow the temperature to drop to 80° C. Keep at 80° C. for about one hour. Place in sterile tubes direct from the cage with sterile forceps. Hands should be cleaned as for an operation.

The strength of catgut has been found to depend largely on the length of time it is kept after sterilization. If possible, do not use under two months.

2. Augustana. Catgut is prepared by immersing in sulphuric ether for one month; then for one month in strong commercial alcohol, in which one grain of corrosive sublimate to the ounce has been dissolved, the solution being renewed once during this time. It is then preserved indefinitely in a solution of one part of sterilized iodoform, five parts of ether, and fourteen parts of strong commercial alcohol.

3. Syms Operating-Room. To prepare plain catgut without boiling: Mercuric chloride, gr. XV; acid tartaric, gr. LXXV; ether and Columbian spirits, āā 0 i. Soak the raw gut in this solution, No. 0, four hours; 1, six hours; 2, eight hours; 3, twelve hours; 4, sixteen hours; 5, twenty hours. Remove and store in Columbian spirits. May be served from Columbian spirits or 95 per cent. alcohol.

Chromicized Catgut.—1. Augustana. The catgut is immersed in ether for one month, then in a solution prepared as follows: Dissolve one ounce of chromic acid in five ounces of water, and add to this one quart of pure glycerin. Immerse the catgut in this solution for seventy-two hours, then wind on wooden boards or ground edged slides, and place in a solution of one part carbolic acid in five parts of glycerin for two weeks; then preserve indefinitely in the iodoform-ether-alcohol solution described above. It is important to dissolve the chromic acid in water before adding the glycerin, in order to prevent an explosion.

2. Syms Operating-Room. Make a solution of chromic acid, gr. xxx, 5 per cent. carbolic acid, one pint. Place the raw gut loosely in this, so that it will be thoroughly permeated. Soak for four to twelve

hours, according to size, or until it is a warm brown color, then remove and wind tightly on a wooden splint and dry for twenty-one days. Sterilize by boiling in 95 per cent. alcohol fifteen minutes on three successive days, changing the alcohol after each boiling.

3. Montreal General. Chromic acid, one part, to five parts of water. Dissolve thoroughly, and use only the clear solution. Take one part of this solution to five parts of glycerin. This gives rise to a dark greenish or brownish compound with evolution of heat. Pour this compound over the loose catgut immediately. Immerse ninety-six hours. Shake the jar occasionally. The catgut is then rinsed in sterile water, wiped with a sterile towel, and wound on reels. Store in carbolic acid and glycerin, one part to five; it will be ready in two weeks, and will last twenty-one days in the tissues.

4. Cook County Hospital. Soak in sulphuric ether fourteen days. Wind on glass spools. Soak in kali bichromicum gr. v to one quart water twelve to twenty-four hours, according to size. Dry in the sun three days. Boil in ammonium sulphate twenty minutes. (Saturated solution at the boiling point.) Wash in cold sterile water fifteen minutes. Keep in 95 per cent. bichloride alcohol.

5. Presbyterian. First dissolve the oil from the catgut by covering it with ether. Allow the ether to evaporate, then put it into the following solution, keeping it in forty-eight hours or one week, according to size. Keep the jar tightly covered: Catgut (rough German), ℥i; chromic acid, gr. iv; carbolic acid, 95 per cent., ℥i; alcohol, 95 per cent., ℥xx.

Disolve the chromic acid in sterile water, ℥i, add the alcohol and lastly the carbolic acid. Add the rolls of catgut without winding. Take the catgut out of the solution at the end of the required time, roll very tightly on glass reels, securely fastening the ends. Boil in 95 per cent. alcohol for one hour under pressure. A special boiler is used for this formula.

6. Royal Victoria Hospital. After preparing the catgut by Claudius's method, it is placed for five to ten or thirty hours, as desired, in the following solution: Bichromate of potash, 1.5 grammes; glycerin, 10 grammes; carbolic acid, 10 grammes; water, 480 grammes.

Dissolve the bichromate of potash in the water, then add the glycerin and acid carbolic. Before placing the coils in the solution, arrange them upon a central core or cylinder nearly the diameter of the centre of the coils, to prevent snarling while in the solution; large test tubes do very well for cylinders. When the tubes are removed from the solution, wrap them in a sterile towel, and leave for drying in a tem-

perature not exceeding 40° to 45° centigrade. The drying process should extend over a space of several days, say one week.

Cut the catgut when thoroughly dry into pieces one metre in length, roll on the fingers into small coils, pack into small glass jars, cover with absolute alcohol sublimated 1–1000. With washer and screw top make the jar fluid-tight, put the small jar into a larger one containing from two to four ounces of absolute alcohol. Screw down air- and fluid-tight and sterilize in an Arnold sterilizer for five hours. Remove the cover of the sterilizer and allow the contents to cool gradually.

By readjusting the washer and filling the jars with absolute alcohol, to replace that lost in the process, the catgut is ready for use.

Formalin Catgut.—1. Presbyterian Hospital. Roll the catgut tightly and evenly on glass reels, tie the ends securely, immerse in formalin solution, 5 per cent. for forty-eight hours. Pour off the formalin and immerse in cold sterile water, changing it every hour for forty-eight hours. Boil between layers of non-absorbent cotton for eight minutes, simply have enough water in the bottom of a basin so that a good steam permeates the whole; the catgut must not be in water.

Preserve in the following solution: Alcohol, 95 per cent., 800 parts; sterile glycerin, 200 parts; bichloride mercury, 1 part.

2. Johns Hopkins Hospital. Catgut to be placed loosely on cylinders with ties cut to allow for swelling and held in place by rubber bands. Soak in formalin 10 per cent. form., 100 c.c., water, 900 c.c., for five hours. Remove from formalin. Wash in running water twelve to sixteen hours. Roll the catgut smoothly on wide bandages. Dry thoroughly (four to five days at least). Cut in lengths 40 cm. Wind around fingers into coils.

Iodine Catgut.—1. Royal Victoria Hospital. Claudius's method. The usual commercial variety is placed in a covered glass jar containing 1 per cent. iodine in distilled water, with sufficient iodide of potassium to saturate. After eight days this solution is drained off and the catgut is covered with absolute alcohol, sublimated, 1–1000, from which solution the catgut is used. The iodine is volatile and should be renewed each month (or the solution made fresh for each sterilization). If the catgut is too long in the iodine solution it becomes brittle.

2. Montreal General. Same as above, except that on taking the catgut from the iodine solution it is put in a sterile container and is used dry.

3. Presbyterian. Same as above, except that during immersion the catgut is kept in a dark closet and is ready for use after the eight days.

Juniper Catgut.—Montreal General. Catgut in lengths of about sixty inches is wound in rings and placed in juniper oil for eight days, transferred to absolute alcohol for forty-eight hours, and stored in sublimated alcohol, 1–500.

Dressings, Gowns, Towels, Aprons, Sheets, Etc.—1. Royal Victoria. Sterilize for one hour at fifteen pounds' pressure, then leave for three-quarters of an hour to dry with the steam on, the door closed, water drained off, and the valve at the top open.

2. Syms Operating-Room. Pack in iron boxes. Sterilize one-half hour at twelve pounds' pressure.

3. Augustana. Put in the steam sterilizer for two hours for steaming and one hour for drying.

Basins, Pans, Jars, etc.—1. Augustana. Boil in soda and water for one hour, then wrap in sterile sheets until used.

2. Lying-in Hospital. Boil twenty minutes in a covered boiler.

3. Syms Operating-Room. Soak for one hour in 1–500 bichloride solution.

Rubber Tissue.—1. Presbyterian. Dr. Webster's preparation. Roll silk on glass slides, boil thirty minutes in 1 per cent. soda solution, allow to stand in cold sterile water for six hours, boil in plain, sterile water thirty minutes, place in 95 per cent. alcohol forty-eight hours. Immerse in gutta percha solution (gutta percha, one part, turpentine, ten parts). Boil in saline solution one hour, store in chinosol solution, 1–500.

2. Cook County Hospital. Scrub with green soap and water, rinse in sterile water, cut in strips, disinfect in bichloride, 1–500, for twenty-four hours, remove solution and let stand in sterile water three hours. Make hands surgically clean, dry the tissue with a sterile towel and wrap it in sterile paraffin paper. It keeps much longer dry than in solution.

3. Syms Operating-Room. After scrubbing and rinsing as above, it is soaked for twenty-four hours in bichloride 1–1000, and is stored in a similar solution or in sterile salt solution. If salt solution is used it must be changed frequently.

Iodoform Gauze.—1. Johns Hopkins Hospital. Gauze, two yards; salt sol., ℥vi or 180 c.c.; iodoform pulv., ℥xii or 48 c.c.; green soap, enough to make soap suds. Mix ingredients thoroughly and rub into gauze.

2. Lakeside Hospital. For eighteen yards of gauze, take iodoform, ℥iv; glycerin, ℥xii; alcohol, ℥xxxii; ether, ℥xxviii. Cut gauze in one-yard lengths. Thoroughly mix iodoform and glycerin, then add

alcohol and ether last. When the ether is added, put the gauze in the mixture, working quickly. The gauze should then be rubbed through the hands, so that the iodoform be evenly distributed. It is well to divide the mixture into two or three portions, the gauze likewise, and to allow two or three nurses to work at one time. Sterilize in autoclave fifteen minutes at ten pounds' pressure. The tubes should be well wrapped in non-absorbent cotton to prevent the gauze from burning.

3. Presbyterian. Same as Lakeside, except that one-fourth more iodoform is used to the same amount of other ingredients. Press the gauze uniformly to preserve evenness of color; too much ether gives a green color. To make this gauze the hands should be prepared as for an operation. Sterile gauze is used.

4. Cook County Hospital. Immerse one ounce of iodoform in bichloride 1–500 for six hours, then pour off the solution. Take one pint saturated solution boric acid and green soap enough to make good suds. Boil for five minutes, when cool, add one drachm of 95 per cent. carbolic and two ounces of sterile glycerin, then the iodoform. Mix thoroughly. This is sufficient for six yards of sterile gauze.

Chinosol Gauze.—Presbyterian. Chinosol, 6 c.c.; glycerin, 13 c.c.; aqua, 128 c.c. Dip strips of gauze in the above solution, hang up to dry, then roll each strip in muslin and sterilize in the steam sterilizer.

Bismuth Gauze.—Johns Hopkins Hospital. Gauze, three yards; bismuth, ℥xii; water, ℥vi or 240 c.c.; castile soap, enough to make soap suds. Mix ingredients thoroughly and rub into gauze.

Rubber Gloves.—1. Lying-in Hospital. Test for imperfections by filling with very hot water. Wash inside and out with soap and water, then with hot 1 per cent. lysol solution. Dry inside and out and lay in a box with talcum powder, shake briskly, turn inside out and shake again. Place cotton inside each glove and place in a towel. Put them in the steam sterilizer, alone, as far from the flame as possible, for forty-five minutes. If high pressure is used, thirty minutes are enough. When taken out, the gloves, inclosed in the sterile towel, should be wrapped in sterile paper or placed in a clean box.

2. Presbyterian. Soak in cold water, wash in green soap and water, rinse, and dry. Test, and arrange in pairs. Wrap each pair in a separate piece of gauze and boil ten minutes. Boil the gloves in a wire basket, putting a weight on top to keep them under water. The nurse doing this prepares her hands as for an operation and puts on a gown and gloves. Dry the gloves between sterile towels, powder with sterile talcum powder, and roll in towels.

3. Royal Victoria. Sterilize for ten minutes at ten pounds' press-

ure, to be left with the steam off and the door open for ten minutes. Gloves are boiled and patched after using before sterilizing for use again.

4. Syms Operating-Room. Scrub on both sides with a brush, soap and water. Rinse in ammonia water, boil for two minutes, dry, mend, powder on the inside with talcum. Then turn the cuffs back, and do up in two covers, placing a package (about forty grains) sterile talcum powder in each pair. Sterilize one-half hour at twelve pounds' pressure.

5. Cook County Hospital. Boil in sterile water five minutes, or, if wanted dry, wrap in gauze and muslin, place in the sterilizer in moisture, ten minutes, and dry five minutes, at a temperature of 250° F.

Rubber Drainage Tubes.—1. Syms Operating-Room. These are well washed, then boiled for one-half hour in plain water. Store in 1 per cent. formalin solution.

2. Johns Hopkins Hospital. All drains, cut into desired widths, are sewn together, the edges turned in, rolled, and placed in glass tubes with cotton plugs. Sterilize one-half hour with the plugs in. Drains, 6 inches, cut 12½ inches wide; drains, 4 inches, cut 8½ inches wide; drains, 3 inches, cut 6½ inches wide; drains, 2 inches, cut 4½ inches wide.

Renal and Urethral Catheters.—Johns Hopkins Hospital. After using soak in bichloride 1–1000 for one-half hour. Boil for two minutes with stillettes out; boil for two minutes with stillettes in. Place in sterile towels.

Sea Sponges.—1. Johns Hopkins Hospital. Pound sufficiently to break up the large sand cells. Rinse thoroughly in water 12–14 until clean. Let stand in muriatic acid 2 per cent. sol. (20 c.c. muriatic acid, 980 c.c. water) for 24 hours. Then pass them through potassium permanganate 5 per cent. solution; afterwards decolorize in oxalic acid and rinse through two sterile waters. Leave in bichloride 1–1000 for twelve hours. Rinse through two sterile waters then put them into carbolic acid 3 per cent., where they remain. (After passing through permanganate potassium the sponges must only be handled by hands cleaned up for operation.) *Strength of solutions used:* Muriatic acid, 300 c.c.; litres water, 14 7-10=2 per cent.; crude carbolic, 750 c.c.; water litres, 24¼ = 3 per cent.

2. Syms Operating-Room. Wash and pound thoroughly to remove sand. Soak seventy-two hours in 1–500 bichloride. Rinse in sterile water. Store in 5 per cent. carbolic solution; they must be rinsed in cold sterile water before using.

Sound Oil. (Any Oil.)—Syms Operating-Room. Sterilize by boiling ten minutes in a water bath.

Brushes.—1. Lying-in Hospital. Wash with soap and water, rinse, and steam in a sterilizer thirty minutes. Have two jars for the sterile and used.

2. Syms Operating-Room. Boil for five minutes and place in a 1–25 carbolic solution before operation.

Normal Salt Solution.—1. Lakeside Hospital. Common salt, ʒi, add Oi distilled water. Filter and put in Florence flasks. Make stoppers of bandage-gauze and non-absorbent cotton. Tie with small tape. Boil for three consecutive days—15 minutes first day; 10 minutes second day; 10 minutes third day. After each boiling mark the stopper.

2. Johns Hopkins Hospital. Sodium chloride, grms. Vi, mxc, 5½ c.c.; water, litre I (1000 c.c.). Filter through three pieces of filter-paper. One of canvas. Wash flasks thoroughly with soap and water. Plug with raw cotton and gauze covering entire neck of bottle. Sterilize for one-half hour.

Temperature of Salt Solution.—For infusion, 44° C.; for irrigation, abdominal, 38°–42° C.; for gauze, as hot as desired.

3. Royal Victoria. Sterilize for one hour at fifteen pounds' pressure; let the pressure off very slowly; leave with the steam off and the door open for one-half hour.

4. Lying-in Hospital. Add a drachm of sterile table-salt to a pint of sterile water. A convenient way to sterilize salt is to fill two-drachm vials, cork securely, and sterilize daily for three days, one hour each day.

Iodoform Emulsion.—Lakeside Hospital. Iodoform powder, gr. glycerin, ʒi. Sterilize the same as gauze.

Solutions for the Operating Department.—Royal Victoria Hospital. Lysol, 1–500, ʒiiss to Oviii; creolin, 1–160. ʒi to Oi; liquor potassium, 2 per cent., ʒviss to qt. i; normal saline, 6–10 per cent., ʒi to Oi; formaldehyde, 1–2000, ʒi ♏48 to Oix; formaldehyde, 1–20000, ♏iii to qt.i; hydrargium perchloride, 1–1000, ʒiv to qt.v; potassium permanganate, sät. soï., ʒi to ʒxx; acid oxalic, sät. soï., ʒx to ʒlxxx; acid boric, sät. soï., ʒiv to ʒlxxx; acid carbolic, 5 per cent., ʒiv to ʒlxxx.

Laparotomy Sheets.—Syms Operating-Room. For laparotomies two sheets are used, one covering the feet and legs, and another, one yard square, with a hole about ten by four inches in the middle, over the abdomen. This last sheet may be changed during the operation as often as necessary. Sterile towels are placed around the wound when the surgeon begins to suture. After the operation is finished, a towel wet in 1–1000 bichloride is placed over the wound while the patient is being carefully dried, and the binder put under, then the dressings are applied and the binder adjusted.

NOTES ON MASSAGE

By HELENE BIERMANN, R.N.

Graduate Training-School of the German Hospital, New York; Instructor in Massage to the Training-School of the German Hospital

Massage, or systematic rubbing and manipulation of the soft tissues of the body, which is often combined with passive, active, and resistive movements, is probably one of the oldest means of relieving bodily infirmities. Some sort of massage and similar exercises have probably been practised at all times, and among a great number of races. The oldest record there is of massage dates back three thousand years, and was written by the Chinese. In Japan, at the present time, massage is almost exclusively practised by blind men.

About two centuries ago the Chinese book on massage was translated into French, and to this is probably due the foundation of our modern massage and the so-called Swedish movements. This also accounts for the use of the terms "effleurage," "petrissage," etc. Somewhat later it is heard of among the Scandinavians and Germans, by whom it was elaborated scientifically. At the beginning of last century, Peter Henry Ling, of Stockholm, introduced his system of movements—not that he had originated, but only systematized them. It remained for Dr. Mezger, of Amsterdam, Holland, to revive massage and put it on a scientific basis. Through his successful work during the years of 1860 to 1874 massage became a recognized treatment everywhere, and, although it is not a cure for every ill, it has proved a successful remedy in such a variety of cases as to show its efficacy.

In massage the skin, muscles, and tissues are stroked, kneaded, squeezed, rolled, and tapped, with the result that

(1) The function of the skin is improved;
(2) The flow of the blood and lymph is accelerated;
(3) Blood is attracted to the surface from internal parts;
(4) Nerves are stimulated or soothed, as the case may be;
(5) Effete matter is evacuated;
(6) Adhesions of soft parts are broken down;
(7) Swelling and thickening of tissues are reduced;
(8) Nutrition is improved.

Massage is highly recommended in constitutional ailments as an auxiliary agent to the recuperative power of the body. In disorders

of the digestive and circulatory organs massage will always be found beneficial. Great benefit is derived from massage in disorders of the nervous system, as it has both a sedative and stimulating effect—soothing when applied lightly, stimulating when given with greater force. Invaluable is massage in diseases or injuries affecting the muscles, bones, or joints, such as synovitis, dislocations, sprains, fractures, and rheumatism. In the last-named condition it is often combined with passive, active, and resistive movements. Various forms of neuralgia also yield to the treatment of massage.

Contraindications are acute inflammation, fever, and pus.

The word "massage" is derived from a Greek word, meaning "to knead," and from an Arabic word, signifying "to press." As I have already stated, it has come to us through the French; hence the following terms:

Effleurage—Friction.

Petrissage—Tapotement.

Under the head of *Effleurage* come all stroking movements, which may be carried out either with the slightest touch of the fingers or with various degrees of pressure, exerted by the whole surface of the hand. Effleurage acts upon the skin, superficial fascia, and cutaneous nerves, and through the latter impulses are sent to the more deeply-seated nerves. It also stimulates superficial circulation. Effleurage is always the beginning and the ending of a massage treatment.

Petrissage is the most important movement in massage. The muscles and tissues are stretched and lifted from the bones; the nerves, blood-vessels, lymph-vessels, and glands are stimulated by alternate compression and relaxation; lymph is forced out of spaces and into lymphatics. By the same compression and relaxation, veins are alternately emptied and filled, so that effete matter is sent onward and a supply of fresh blood is favored. The muscles must be thoroughly gripped and well kneaded, without exerting unnecessary force.

Friction differs from petrissage proper in that the muscles are not raised or drawn from the bone. It is done with the cushion of the thumb, or of the fingers, or with the heel of the hand. The cushion of the thumb is placed on the desired spot, describing circles on it without moving the skin. The tissues underneath are worked on each other. The effect of this movement is to squeeze and move on the products of inflammation, to aid absorption, and to stimulate local circulation. Friction should always be interrupted at short intervals by centripetal stroking (effleurage).

Tapotement is done with both hands, either simultaneously or alternately, and is carried out by the following methods:

I. With the tips of the fingers, a movement principally applied to the head.

II. With the palmar surface of the hands. The fingers, held straight and close together, strike the muscles evenly and rhythmically, moving in every direction. This movement is suitable and agreeable over the whole body.

II*a*. The palms are contracted, so as to form a hollow, or cup. It is used on the abdomen, the thigh, and the back.

III. With the ulnar border of fingers and hands, alternately. This is mostly used on the patient's back.

IV. With the ulnar border of the closed hand; alternately, if both hands are worked. To be applied to arms and legs, but principally to thighs.

V. With the clenched hands, working alternately, used on thighs and buttocks.

With the exception of the last-mentioned method, all tapotement should be light, sharp, and springy, performed rhythmically and rapidly. Tapotement excites capillary circulation, stimulates nerves, and causes muscles to contract. Tapotement is not always used, but chiefly when it is desired to add strength to the treatment.

Massage should never be given except on a physician's orders. When employed as a treatment after injuries and diseases, it should be in the hands of a person who not only possesses the necessary technical skill acquired by painstaking toil in massage, but who has also a thorough knowledge of the movement cure, and understands the nature and course of the disease as well. Massage is either general or local: general, when applied to the whole body; local, when applied to a particular part of the body.

General Massage: Begin with effleurage on dorsum and sole of *foot*, followed by thorough kneading and pressing. Apply tapotement to sole. Centripetal stroking (effleurage) of *leg*, followed by kneading, and more or less friction, as the case may call for; tapotement to the *thigh*. For the *back*, begin with effleurage at the base of the skull, employing both hands, and, as they are brought downward, an alternate lateral movement is executed. The same movement can be made upward, kneading with the palms of the hands outward from the spine over the entire back and intercostal spaces, digital friction and tapotement following. In some cases special pressure or vibration is applied on both sides of the spinous processes. The manipulations

for the *lower part of the back* are effleurage, kneading as well as tapotement with the ulnar side of the hands over the sacrum. The manipulations on the gluteal muscles should be deep and strong, to penetrate all the deep muscular layers: stroking, kneading, friction with thumb and heel of hand, and tapotement with the clenched hand.

Hands and Arms: Effleurage to each finger separately, friction with the thumb between each metacarpal; on the back of the hand; then the balls of the little finger and thumb are kneaded. Effleurage of the arms follows, by kneading and tapotement with the ulnar side of the fingers.

Chest: Preliminary breathing; effleurage begins on the neck and is carried downward on each side of the sternum; then kneading and friction of the pectoral muscles and intercostal spaces. This manipulation must be carried out more gently than that on the back or limbs, for these tissues will not tolerate being so vigorously manipulated.

Massage of the Breast: Gentle stroking, grasping, and impressing, beginning at the periphery of the breast and working toward the nipple. The parts should be well lubricated, and great care taken to avoid so great a pressure as to bruise the tissues. The manipulation should not be undertaken unless the breast contains milk, as otherwise more harm than good will often be done.

Abdomen: Preliminary deep breathing, chest lifting, effleurage, palm kneading over the whole abdomen, then kneading in the direction of the colon, shaking and vibration. In constipation, the following movements are often prescribed:

(1) Passive flexion and extension of legs;
(2) Resistive flexion and extension of legs;
(3) Passive circumduction of legs;
(4) Resistive abduction and adduction of legs;
(5) Active slow raising of legs to vertical position; followed by slowly lowering the legs;
(6) Slow raising up and lying down of trunk, legs being fixed.

Massage of the Head: Effleurage on forehead, friction on the temples, pressure on each supraorbital nerve, thorough friction over the whole head, thorough moving of the scalp on the skull, double pressure with both hands, with or without vibratory motion, tapotement with finger-tips.

After general massage the patient should have a sensation of comfort, whereas during, and sometimes for a little while after, local treatment pain may often be unavoidable. Duration for local treatment, ten to twenty minutes; for general massage, from twenty

minutes to one hour. The head is not necessarily included in general massage.

Local Massage: To relieve sensitive parts when applying local treatment, administer first derivative massage to the tissues above and below the affected part, especially between the affected part and the heart.

The patient should be clad in a loose gown, and care should be taken to keep the body well covered, with the exception of the part undergoing manipulation. The patient should be placed in an easy and comfortable position, with the joints midway between flexion and extension. The operator should take care to be neither too near nor too far away; if too near the patient, the movements will be cramped for want of space, thereby becoming indefinite and lacking in strength. Apply as much of the surface of the hands and fingers as possible to the part operated upon, in order that no time be lost in working, and also that pressure may be evenly distributed. Each manipulation should be begun moderately, gradually increasing in force and frequency to the fullest desirable extent, and should end as gradually as it was begun.

If more agreeable to the patient, talcum powder or pure vaseline may be used as a lubricant; other greasy substances are to be avoided, as the fingers will slip and prevent the hands and fingers from seizing, grasping, and kneading the tissues; except where the skin is extremely sensitive.

Always bear in mind the anatomy of the body, the outlines of the bones, the location of the principal arteries, veins, and muscles.

[These notes have been compiled by Miss Biermann for the use of her pupils at the German Hospital, and, being the work of a registered nurse who has given special study to the subject both at home and abroad, they are reprinted for the benefit of the JOURNAL readers.—ED.]

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE EFFECTS OF KUMYSS IN MALARIAL SUBJECTS.—*The New York Medical Journal* says: "Rodzevitsch (*Bulletin médical* and *La Tribune médicale*) reports that kumyss has the power of revealing a larval malarial infection. Thus, within six to twelve hours following the ingestion of one or two bottles of kumyss, a malarial subject will invariably have an attack of typical chills and fever. If quinine be then given in a daily dose of 1 to 1.50 grammes for two or three days, and temporarily continued twice a week, the further administration of kumyss will not produce the phenomena of chills and fever as before. This curious property of kumyss of revealing hidden malarial infection was observed in an establishment devoted to the treatment of pulmonary tuberculosis by the administration of kumyss. Ordinary cow's milk does not produce this reaction."

BEHRING'S TUBERCULOSIS CURE.—*The Medical Record* says: "Professor Behring is taking the first steps toward making his method of antituberculosis immunization available for general use. He calls his remedial agent tulaselactin, and has instituted a course of lectures and practical demonstrations to illustrate its method of administration. The courses are being followed by medical officers of tuberculosis sanatoria throughout Germany, and for all who seek to employ the new treatment attendance is an essential condition, because Professor Behring intrusts the preparation only to those who have qualified under his own supervision. The cable states that Professor Behring is on the verge of a nervous breakdown and will soon enter a sanatorium for treatment."

SCARLET FEVER.—*The New York Medical Journal,* quoting from *The Lancet,* says: "Berry, in an epidemic of three hundred and thirty-one cases of scarlet fever, observed nineteen cases which after apparently complete disinfection and recovery gave rise to twenty-eight other cases,

In one instance the original case occurred in November, 1905, and the "return" case in October, 1906. The writer holds that just as is the case in gonorrhœal gleet, the infection of scarlet fever may persist, possibly in the nasal chambers, and lie dormant until some suitable condition renders it capable of transmission. Many cases attributed to the harboring of infection in clothing are probably due to infection from the convalescent patient himself."

Nitric Acid from the Atmosphere.—*The Medical Record* says: "It is announced in the London papers that Sir William Crooks, in conjunction with some of the scientists of the University of Freiburg, has succeeded in discovering a process by means of which nitric acid may be extracted from the atmosphere in such a way as to make it available for commercial, industrial, and agricultural purposes."

When Should Laparotomy Patients Get Up?—*The Medical Record,* quoting from *Berliner Klinische Wochenschrift,* says: "Hartog says that during the last few years it has become the custom in Landau's gynecological clinic to allow laparotomy patients to leave their beds earlier and earlier. The present rule is to allow patients whose incisions were sutured without drainage, if no complications arise, to get up toward the middle or end of the first week, both after abdominal and vaginal celiotomies. The subjective feelings of the patients are largely used as a guide, and if the patient in reply to the question of whether she would like to get up replies in the affirmative there is no objection to her doing so, even two days after the operation. An exception is made only in the case of plastic operations and hernia operations, but the getting up early is regarded as of especial importance and value when there are complicating constitutional diseases, such as diabetes. The author furnishes the details concerning a very considerable number of operations after which the patients were allowed to leave their beds very early, and states that no disturbances in the healing of the wounds were noticed, and that all the patients left the hospital with firm scars and without any form of binder. Although the patients are apt to complain somewhat of discomfort in the wound on getting up early, they are all glad to put up with this in return for the satisfaction of leaving bed so soon. An especial advantage is the greater respiratory activity that is obtained, and this is of importance, particularly in dealing with old persons. Other points of advantage are the increased appetite and better digestive conditions, as well as a lessened tendency to thrombosis and embolism."

Bacteria in Milk Bottles.—*American Medicine* says: "The host of bacteria that may lurk in a supposedly clean milk bottle has been the subject of investigation by the Wisconsin Experiment Station. Bottles which had been steamed for thirty seconds were found to contain relatively few bacteria—possibly fifteen thousand to a bottle. However, when the steam was allowed to condense and the water so produced to remain in the bottle at room temperatures for possibly twenty-four hours, the number of bacteria multiplied enormously and varied from two million to, say, four million. In a series of steamed bottles exposed to the air for twenty-four hours, but containing no condensed water, the number of bacteria averaged three hundred thousand per bottle, while in a similar series, which had undergone the same treatment in all respects except that they were covered with a clean linen cloth, averaged about the same as freshly-steamed bottles, all of which shows the very great importance of keeping milk bottles, either empty or full, very carefully covered."

Amateur Operating.—*The Boston Medical and Surgical Journal* says on this subject: "Cases of infection following operation performed with the help of general practitioners emphasize the fact that surgeons should have the aid of trained assistants. In addition to preserving asepsis, team work is essential for modern surgery. Consideration of this subject is necessary because of two lamentable conventions. One often maintained by the general practitioner is that he is privileged to help operate on his own patient; the other inheres in the fear of surgeons that they may slight or offend their medical consultants."

The Cause of Syphilis.—"With very few exceptions, the findings of Schaudinn and Hoffmann regarding the *Spirochæta pallida* have been confirmed, more than four hundred papers now being on record. It seems reasonably certain that the cause of syphilis has at last been discovered. Though at present not much dwelt upon, it seems certain that great practical benefit must result therefrom."

Home Treatment of Tuberculosis in Private Practice.—Dr. J. Brayson Martin, in an interesting paper on this subject in *American Medicine,* says: "The question of food is very important. Simple, nutritious, properly cooked food in proper quantity, at regular hours, is the prime factor. Milk and its products, eggs and other food containing

a large amount of nourishment, yet easily digestible and assimilable, are among the most popular to-day. I might add Sir Sydney Smith's formula: 'Great temperance, open air, easy labor, no care.' The greatest amount possible of *fresh air, sunshine, good food, proper exercise,* enjoined with supervision as far as possible in order to guard against the mistakes of diet, exposure, etc., which arise through ignorance in many ways, are practically all in the line of treatment." A cut of the camp most used by his patients in living and sleeping in the open air is also given.

Posture of Forced Abdominal Flexion in Fainting.—In an article on Surgical Postures, in *The American Journal of Surgery,* Dr. Martin W. Ware, of New York, says: "This attitude is given to the body of an individual who betrays signs of approaching syncope. It is speedily accomplished by laying one hand on the patient's neck, rapidly seating him, if he be not seated, and flexing the spine to such a degree that the head is brought to lie between the legs. If the patient has already fainted, then he may be placed and maintained in this posture by pressure on the neck as indicated. When only prodromal signs have appeared, the patient may be directed to assume the posture himself.

"The head being dependent, the blood gravitates to it, and the increased intra-abdominal pressure also diverts the blood to the head and prevents its return by the veins. The return of color to the head upon the assumption of this position is therefore very rapid. The posture is unfailing in the certainty with which it restores the patient. It ought to supersede the old advice to lay the patient flat on the floor."

Solar Heat in Surgery.—*American Medicine* says: "Observing in the tropics how the intense heat of the sun accelerated the healing of wounds and burns, a French physician, Doctor Asbeck, used the heat of ordinary fire in five hundred cases of burns and wounds, after putting on the usual dressing, and with uniform success."

Diet in Disease.—In a report of a meeting of the Medical Society of the County of Chemung, *The New York State Journal of Medicine* says: "The retiring president, Dr. Theron A. Wales, delivered an interesting address on the subject of foods, pointing out the inability of most physicians to give explicit orders for the preparation of foods for the sick, and emphasizing the need of such instructions to the average nurse,

particularly those not trained in this important accessory of the healing art. Dr. C. W. M. Brown, of Elmira, read a paper on "Diet in Acute Disease," in which he contended for a more careful study of the needs and capacity to digest of the individual patient. He holds that many of the annoying symptoms in acute diseases, particularly typhoid and pneumonia, such as tympany, constipation, diarrhœa, malassimilation, vomiting, etc., may be corrected by a proper diet, and that the toxemia and poor nutrition due to improper diet added to that of the disease may determine the fatal termination of the case. The papers were freely discussed."

EUCALYPTUS OIL FOR LEPROSY.—Beneficial results are reported at the leper settlement of Molokai through the use of a preparation of eucalyptus oil for the treatment of leprosy.

IN THE LIBRARY*

ARE Trained Nurses Over-educated? The Management of Babies;
Neglected Fields of Nursing, and What to Do for Rabies;
The Nurse in Private Duty, and Practical Massage;
Ethics in Institutions, and How to Give Gavage;

A Summer Home for Children, and How Can We Improve?
The War Against Malaria, the Latest Moral Move;
Cooking for the Invalid, and Care of the Insane;
Do District Nurses Nurse?—and other things germane.

No, I am not delirious, nor have I had a fall;
I am reading up on nursing—these are subjects, that is all;
Just a simple sample of the nurse's mental food—
'T is plain that all creation is conspiring for her good.

But still none have discussed her as a sweetheart, wife, or mother.
These are some omissions, and, besides, there are two others.
She ought to know if, when she dies, she 'll go to Kingdom Come;
And, if she has a baby, how to disinfect his thumb!

GRACE L. GABLE

*After perusing the bound volumes of THE AMERICAN JOURNAL OF NURSING.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE PARIS CONFERENCE

THE Conference will be held in the Musée Sociale, 5, Rue Las-Cases, a central and desirable meeting-place, which is, by the great kindness and hospitality of our French hosts, being placed at our disposal without charge. The first session, on Tuesday, June 18th, will be presided over by M. Mesureur, Director of the Department of the *Assistance publique* of Paris, who will open the session with his address, "The Work of the *Assistance publique* for Nursing Education."

As noted last month, the first day will comprise "The Laicisation of Nursing in France," by Dr. Bourneville; "The Early Teaching of Nurses at the Salpêtrière Hospital," by Mme. Gillot; "The Association for the Development of Assistance to the Sick," by Mme. Alphen-Salvador; "The Home School for Private Nurses at Paris," by Mlle. Chaptal; "The Training-schools for Nurses at Bordeaux," by Dr. Anna Hamilton. Further, Dr. Lande, who is a member of the *Conseil Supérieur de l'Assistance publique* and Administrator of Civil Hospitals at Bordeaux, has promised to contribute a paper on "The Organization of Hospitals in the Provinces." It is an agreeable surprise and pleasure to hear that much interest is being taken by physicians of France and Belgium in this educational question, and it is possible that some others of them may contribute to the disclussion.

The second session will be presided over by Mrs. Bedford Fenwick, the Honorary President of the Council, in the absence of the President, Miss McGahey. It will comprise "A Hospital Preparatory Course for Nurses," by Miss Nutting; "A Central School Preparatory Course for Nurses," by Miss Huxley; "The Training of the Nurse in the Wards, and the Position and Duties of the Matron," by Miss Isla Stewart; "The Progress of Nursing Education in Germany," by Sister Agnes Karll; "The Status of Nursing in Holland," by Miss van Lanschot-Hubrecht; "Nursing Progress in Denmark," by Miss Saxild; "Nursing Efforts in Italy," by Miss Turton and Miss Baxter; "The Uniform

Curriculum and the Examination for Matrons in Australasia," by Miss McGahey, and the "Hospital Economics Course at Columbia University," by Miss Dock. Discussion will be opened by Miss Mollett.

The opening session of Wednesday, the 19th, will be presided over by Mme. Alphen-Salvador. There will be papers on "The War Against Infantile Mortality" from Germany and France, the work in both of these countries being of a notable character. We have mentioned the District Nursing papers by Miss Amy Hughes and, probably by Miss Fulmer for this session; also the Nurses' Settlement and New York Public School nursing papers, and that by Miss Johnson's on "The War Against Tuberculosis." Further, Miss Breay will deal with "The Scope of the Maternity Nurse;" Mlle. Chaptal will tell of "Assistance to the Wives and Infants of Working-men," and Miss Pearse, Superintendent of School Nurses under the London County Council, will speak of the work of her Staff, while Miss Cartwright will deal with "Private Duty."

On Thursday, June 20, Miss Isla Stewart will preside, and Mrs. Fenwick will open with "The Organization of the Nursing Profession: By its Members: By the State." A "Report on Organization and Laws in the United States" will be contributed by Miss Sly, Inter-state Secretary, and Sister Agnes Karll will describe "The Nurses' Registration Act in Germany." The Nursing Journals whose history has been promised to date are the British, the American, and the German Journals: *Noskomos,* the Holland Journal; the two French Journals, one of Paris and the other of Bordeaux; *The Pacific Coast Journal* and *The Canadian Nurse,* and the Danish Nursing Journal. Replies from Australasia are not yet in.

"The opportunities for Nurses in America," by Miss Van Vollenhoven, of Holland, will be discussed by Mlle. Elston, the Directress of the Tondu Civil Hospital School for Nurses at Bordeaux, who will speak of "International Reciprocity."

Besides the programme, the offers of entertainment are so numerous and so charming that we hardly know how to accept them all. Mrs. Fenwick, who has just been in Paris making arrangements, writes: "There is to be an official reception at the Hôtel de Ville on the afternoon of the 19th; a reception by M. Mesureur at the New Nursing College, in the grounds of the great Salpêtière Hospital; a reception by Mme. Alphen-Salvador, at her Nursing School in the Rue Amyot; one given by Mlle. Chaptal at the Rue Vercingetorix, where nurse pupils are housed in a lovely old convent. Mme. Alphen-Salvador is arranging for an afternoon at Versailles; and the Baroness James de Rothschild has

also most kindly offered delightful hospitality—a visit to the Château of Chantilly, the royal residence, full of the most magnificent works of art, and left, as we all know, by the late Duc d'Aumale to the nation. Then Mrs. Kelly thinks a trip up the Seine one summer's evening, and dinner on its banks, would be very pleasing, the great week to end up with a banquet on the Saturday evening, when no doubt many reluctant farewells and hopeful *au revoirs* will be spoken."

THE CRIMEA REVIVED

A Life of Sidney Herbert* which has caused quite a ripple of attention on account of some new material contained in it relating to Miss Nightingale and her work at Scutari has recently appeared. Current reviewers have spoken of the "grief and astonishment" that would be felt by Miss Nightingale's admirers on reading it, and, possibly, purely sentimental or superficial critics, such as have idealized Miss Nightingale to a plane of unnatural perfection, or the goody-good writers who have in the past delighted to make a Sunday school heroine of her, will be affected by reading Lord Stanmore's declarations that in her letters she displayed exaggeration of others' defects, and intolerance, and his carefully studied attempt to prove jealousy and impetuosity in her.

But Lord Stanmore does not give the impression of being a fair critic, for he has taken, apparently, the following line of argument:

There was frightful mismanagement in the Crimean campaign. Sidney Herbert has had some of the blame for it. He can be exonerated by showing that Miss Nightingale exaggerated and overcolored her statements, and by discrediting her, so far as possible, as a witness.

This, which seems to us an unmanly position, is also a futile one. It was really not Sidney Herbert's fault that the Crimean medical department was no good, and it is absurdly forced and labored to appear to think it necessary to defend him by making all sorts of derogatory criticisms of Miss Nightingale. Mr. Herbert and Miss Nightingale were working together, not against each other. Her accusations of inefficiency against nearly every one in the Crimea were not made against him, but Lord Stanmore seems to think that in darkening the lines on Miss Nightingale's record at Scutari he is vindicating Sidney Herbert.

We do not now attempt a review of Lord Stanmore's book, for that belongs to another department, but we think his pages show in spite

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* "Sidney Herbert, Lord Herbert of Lea," A Memoir, by Lord Stanmore. New York: E. P. Dutton & Company, 1906.

of him that there was only one person at Scutari who combined with knowledge of defects courage to speak the truth and clearness to call a spade a spade. There were many there who knew what was wrong, but they had not her fearless courage. One can easily understand the pain her uncompromising statements would cause to men dyed in the colorless dye of statement so cautious, qualified, and non-committal that it might mean anything or nothing; but that was not a time for writing pleasantly or for making the best of things, and we are firmly convinced that Miss Nightingale's language in describing the officials at Scutari suited the occasion. That she should have received Miss Stanley and the second party of nurses so unwillingly is indeed unexpected, as is also the fact of her having offered to resign. Her own side of the story, however, has never been told fully enough for the public to know what all of difficulty and even of danger there was in the situation to account for what may have been simply an evidence of nerve-strain stretched to the utmost.

A MORAL REFORMER

A GREAT woman—judged by her moral courage and services to humanity—died a few months ago in England: Mrs. Josephine E. Butler, who was the leader of the crusade against state regulation of vice—one of the many causes to which Miss Florence Nightingale lent the influence of her name. *The Woman's Journal* wrote of Mrs. Butler:

> She was one of the most remarkable women of her time. She led the seventeen years' fight which ended in the overwhelming repeal of the state regulation of vice in England, and she journeyed through Europe, preaching a crusade against it in three languages, and organizing the friends of humanity against it all over the Continent. A woman of frail physique, but of indomitable courage, rare spiritual gifts, a winning personality, and wonderful eloquence, she accomplished this painful and difficult mission in the face of obstacles that would have appalled a weaker character. She and her colleagues, the noblest men and women of England, were assailed with a foulness of abuse and an intensity of fury almost incredible to-day. Under the evil system that she opposed, shameful injustice and cruelty were inflicted upon helpless women and girls, but it was thought to be a protection to "the public health"—*i.e.*, to male profligacy—and all the world of vice and its sympathizers, high and low, rose up in wrath against her. She and her friends were mobbed; they were vilified in the press, in Parliament, and even in the pulpit. Her husband, the head of a great school, a man of the highest character, lost his position because of his sympathy with her work. For years her name was anathema. She lived to see the brickbats change to roses, the hisses to applause. Better still, she lived to see the wicked system banished from England and a considerable part of the Continent, and seriously shaken in every country of Europe where it still exists. During her later years

she was highly honored and esteemed, and the great International Association for the Abolition of the State Regulation of Vice, of which she was the founder and the guiding spirit, will still carry on her work.

THE GERMAN NURSING ACT

GERMAN letters tell us that the regulations for the state examination in nursing under the law recently passed will be made this spring. Each German state will make its own rules, as our American states do; the law, however, is imperial. The religious nursing orders, such as Sisters of Mercy and Deaconess, are, it seems, not compelled to conform, and do not wish to be covered by the new law. The nursing associations that will actually be affected by it, or which it recognizes, are the Red Cross societies, with their nurse-training work; the *Diakonie-Verein,* and the German Nurses' Association. One of the members of the ministry has said that the passage of the act was the result of the agitation for reforms carried on by the German Nurses' Association. The latter organization not only has the disapproval of the Deaconess upholders, but also the hostility of the Red Cross training-schools, from jealous motives. The German Nurses' Association, under Sister Karll's leadership, is stimulating thorough education and training all over Germany, and as nurses learn the principles of economic equality they will no longer be content to slave for nothing for the Red Cross. Sister Karll is taking an active share in the development of a number of new training-schools. Her position is a responsible one, and the "Bureau" of the sisters is a very busy place (see illustration).

ITEMS

THE Irish nurses have brought out the first number of a new nursing paper, *The Irish Trained Nurse and Hospital Review.* It is owned, edited, and published by nurses. The first League has also been formed in Ireland, among the graduates of the Steevens Hospital.

THERE will be an International Conference, with, possibly, exhibits of Red Cross societies, in London next June, from the tenth to the fourteenth. It would be interesting and easy for visitors to attend these meetings before coming on to the nursing conference in Paris on the 18th–20th.

APPARENTLY all that older countries can only hope to secure through bitterly contested legislation the Victorians have been able to do by



"Bureau" of the German Nurses' Association.

voluntary agreement between the hospitals and the nurses' association. The smoothness and excellent results of the uniform system of training and examination established by the forty state hospitals in that country in response to the representations of the organized nurses, are beyond all question. The adoption of this uniform system and standard may well be called a triumph for the principle of voluntary coöperation. There is nothing else like it in nursing history.

A QUEEN'S nurse, says *The British Journal of Nursing,* costs the district which secures her services from eighty-five pounds to one hundred pounds a year. The minimum salary to be paid her is thirty pounds, with an allowance of four pounds for uniform. A striking instance of the appreciation of the working classes for the nurses has been shown by the men employed upon some large railway works, who determined to secure one for themselves and their families. For two whole years they worked among themselves in their hours off duty to raise the necessary funds, and have lately achieved their desire. Again, in many of the manufacturing and mining centres, the men agree to a small deduction, such as a halfpenny or penny a week from their wages, and in one or two such cases they are able to pay entirely for the nurse.

As every one who reads the papers knows, the English women have been making heroic efforts to compel the fulfilment of tacitly-made promises to them of the suffrage by the Liberal and Radical Members of Parliament. Nurses, we are proud to say, have not been unmindful of their larger social claims in this agitation. One of them, Miss Olivia Smith, was among those brave female John Browns who went to prison, and a number joined in the great parade the other day. Mrs. Fenwick, in describing the incidents of the march, concluded thus:

"Altogether the little party of matrons and nurses walking together in rows of four, with their Red Cross badge in evidence, thoroughly enjoyed the experience, and they are never likely to forget the great and enthusiastic meeting, crammed to the ceiling, held in Exeter Hall, to demand from Parliament the removal of sex disability in connection with the Franchise. The array of banners, inspiring music, witty speeches, and, most important of all, the deep sense of human responsibility with which every man and woman present appeared to be inspired, combined to make an hour through which it was good to live."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

A MISSIONARY NURSE

DEAR EDITOR: A letter was received a few days ago from Dr. Andrew Woods, who is associated with the medical work of the University of Pennsylvania, in Canton, China. He says:

> Without a good nurse, hospital work will be impossible here. If we get a Chinaman who is sufficiently intelligent to do the work of a nurse, he is absolutely unwilling to serve the patients, considering the work as menial. Hence the doctor is forced to do all the work of nursing, in addition to his other duties.
>
> I want you to keep your eyes open for a nurse who can train Chinese nurses; for if the Chinamen see an educated person, with this as a specialty, actually doing this kind of work, it will dawn on their minds that the work is not beneath their dignity. We doctors might secure the same result by giving up three or four years of practice and training a class of nurses; but it is impossible to do this and continue the work we are now doing. When I was home I met several nurses who spoke of being willing to go to China, and who seemed anxious to do it. I wonder if a desirable combination could be found, a nurse such as I have described who would be self-supporting. It would be a life-work well worth the time of some woman who had the means and whose taste inclined towards such things.

This nurse could go immediately to China, and, while doing a certain amount of work along her line, could also be learning the language in preparation for taking complete charge of the hospital which the University of Pennsylvania is about to build.

Any nurse desiring further information may write to Edward C. Wood, Houston Hall, University of Pennsylvania, Philadelphia, Pennsylvania.

MARTHA GIBSON BYERLY.

THE PREPARATION OF BEEF-JUICE

DEAR EDITOR: In your "Questions and Answers," under "Practical Suggestions," in the February JOURNAL, I notice that some one asks for a good method of preparing beef-juice, so I send the following simple plan which I learned from observing an ingenious junior nurse, who

grew tired of exhausting her muscular energies on a lemon-squeezer, and who lived in an institution where economy was a consideration and the expense of purchasing a good beef-juice expressor out of the question. Cheap ones, of course, were found to be of no use.

I found that she selected fresh rump steak, and prepared it by first wiping off with a clean damp cloth and then cutting it up into quite small cubes. These were placed in a glass jar, which was stood in another vessel of warm water (you can also add a little water to the beef if you so desire). After standing this way for about an hour or so, the beef was placed in a colander, and a saucer, which did not fit closely to the edges of the colander but rested immediately on the meat, was placed over it. On this saucer she put several ordinary bricks, wrapped up in paper or in a towel, and then stood the whole in a pan which would catch any of the juice that squeezed through, although we found that it usually collected on top and could be better poured off. My nurse used to prepare hers late in the evening and allow it to stand all night in a place that was *not* cold, and in the morning her beef-juice was all ready, and with very little expenditure of energy. Of course much depends upon the number and weight of the bricks or flatirons, or whatever pressure you may use, but by this method the juice practically *prepares itself while you sleep,* and it is quite handy to adopt in private nursing, when you cannot obtain all these nice machines that are part of the proper equipment of a well regulated hospital.

During the preparation all utensils and atmosphere should be neither too hot nor too cold, which interferes by coagulating; but under conditions favorable to hemorrhage.

BRITANNIA.

DEAR EDITOR: Apropos the question in THE AMERICAN JOURNAL OF NURSING for February, "Can you tell me of a good method to extract juice from fresh beef?" I beg to offer the following information: A "beef-tea press" is made by Silver & Co., Brooklyn, New York, which is ideal for the purpose of extracting beef-juice. The press is small, being about four or five inches high and from three and a half to four in circumference. It is obtainable in the department stores in New York City at about twenty-five cents, or could be obtained from the makers, no doubt, at a very low price. I used one of these presses for the first time this winter, while nursing a typhoid case, and found that where I had been able to secure not more than four ounces of juice from two pounds of meat by using the lemon squeezer, seven ounces was easily obtainable with the beef-juice press. Before using, the meat should be

seared in a hot pan, after having been cut in pieces about two inches square.

I consider this press a valuable accessory to a nurse's outfit.

A. B. DAVIS.

THE QUESTION OF RATES AGAIN

DEAR EDITOR: In the JOURNAL for February there is an article among the "Letters to the Editor," "What Is a Fair Rate of Charge?" and among "Questions and Answers" the same query by I. H.

About laundry, I never charge for it at all. I charge twenty-five dollars a week, except in contagious cases, when, of course, prices vary and the laundry is cared for. It always seems to me that the necessity for a trained nurse in the house means also the necessity for extra work of all kinds, regardless of the nurse, and, as our mission is to be a help, I think the laundry done outside and no comments on it is the most helpful way, particularly as I always wear white and try to keep clean. There are occasions in a large household where the laundress is expected to do all the laundry work, including the nurses'. This, of course, is very much the easiest way.

In regard to the other question, about charges, if the first patient I go to is convalescent when another member of the family falls ill, it seems to me the right thing to take care of both, and if more attention is required than I can give I ask for another nurse. Extra pay will not make more hours in the day, nor more strength. One family I have taken care of in a variety of ailments. The mother was delivered, the baby splendid. When the baby was six weeks old the three other children had bronchitis, one after the other. By this time we had a nurse-maid for the new baby. The mother still needed care, as she was frail. I took care of all of them, with the help of the German nursery governess and the nurse-maid. They were not sick enough for another nurse to be called in. I never before heard that we were paid twenty-five dollars for one patient.

MARY R. HUMPHREY, R.N.

EXTRA PAY AND LAUNDRY

DEAR EDITOR: Once when I received a call for diphtheria it was stated that there would be two patients, and as the family was well to do and the work hard I asked thirty-five dollars a week: twenty-five dollars for the case, five dollars because it was contagious, and five dollars extra for the second patient. The family thought it fair, and willingly paid it.

At another time, on a long case, I was called upon at different times to nurse seven other members of the family, with grip, tonsillitis, etc. One had a light case of pneumonia, and a history sheet was needed for a week.

When pay day came (the family were abundantly able to pay) nothing was said by either party about the extra seven patients.

Some people think twenty-five dollars a week pays for every minute of the day and night for seven days, and that they are entitled to all a nurse can do in that time.

In our state (Iowa), when pupil nurses are sent out, the patient is expected to have the laundry done for the nurse, I understand, but public sentiment seems to be that a nurse who gets twenty-five dollars a week is expected to pay for her own laundry, be it done in the family or sent out. In three and one-half years I have never had a piece done in a patient's house, and have had the offer just twice.

N. E. B.

WHAT IS THE NURSE'S DUTY WHEN DOCTOR IS CARELESS?

DEAR EDITOR: What is a nurse's duty when a doctor calls on a scarlet-fever patient and makes no change of clothing on going in or coming out, and, when a doctor's gown is offered him, says: "It is not necessary"? This has happened three times, and I have hinted and hinted about it. One doctor brings his medicine-case and unpacks it in the room, and takes his time to putting up the medicines, even staying much longer than necessary, visiting with the patient. He is the kind who does not love trained nurses to begin with; but even then is it the nurse's duty to let it happen every time he calls? What do other private nurses do? There must be other physicians like these. They seem to be common enough in the country towns.

IOWA.

[From the old-fashioned standpoint, a nurse should be silent; but we believe the time will come when a nurse will be expected to report such carelessness to the Board of Health. She is not serving the doctor, but the family, and she should have an obligation to the public.—ED.]

THE ADVANTAGE OF THE THREE YEARS' COURSE

DEAR EDITOR: Upon reading Dr. Bristow's paper in the last number of THE AMERICAN JOURNAL OF NURSING, and seeing the editorial call for expression from the rank and file as well as from superintendents, I

wish to express my conviction in favor of the three years' course of training. While it is true that the third year does not make a good nurse of a poor one, nor does it give her the instruction in the essential knowledge of practical work, still the responsibility which the third-year nurse has is of much benefit to her. She has more time to apply her knowledge and observe details, which can better be brought out in the hospital, with its numbers for comparison, than in the one case at a time of private work. Above all, it gives her poise. Personally, I am a college graduate, and so have spent four additional years in preparation for my life-work. I would not give up one of them, nor would I choose a training of only two years. To me the profession means more than a mere means of support.

SUSIE A. WATSON
Newton Hospital Training-school.

DEAR EDITOR: During the past year and a half a number of well known physicians and nurses in New York City and vicinity have been much interested in a small washing machine which is intended to wash only small articles, and is especially adapted to articles of a disagreeable or unsanitary nature. The process is entirely mechanical, it not being necessary for the hands to come in contact with the article, soap, water, or effete matter. It is often an embarrassing experience, when a nurse is called into the household of a strange family, to know what to do about such articles as bands, towels, and other small pieces, when they are in constant demand, and the supply on hand is small, as it is in many families of moderate means. Such articles are often not only disagreeable but unsanitary to have lying around until the arrogant maid-of-all-work condescends to attend to them; and I am sure it has been the experience of many trained nurses that when sickness comes to a household servants are apt to become disorganized and disgruntled, especially if extra work, such as washing, is entailed upon them. In many instances the washing of small necessary articles is by no means agreeable matter, whether it falls to the lot of the maid, mother, or trained attendant. Nevertheless, it is work some one must do. Physicians are cautious, and nurses become burdened with the responsibility, which should in no way fall to them, of providing some means for the care of such articles. In consequence, they are sometimes forced into a most unpleasant position, and complaints are unfairly made because, through no fault of theirs, affairs are not running smoothly. This little machine has been in use for a year or more in The Babies' Hos-

pital, and has been put to severe tests and given excellent satisfaction. I know that a badly soiled diaper has been perfectly cleansed in three minutes' time and there has been absolutely no odor from the washing. This washer, which can be made either portable or stationary, should be of great value in obstetrical nursing, and also in the nursing of sick infants, especially when small pieces are being soiled so fast that it is impossible to get them to the laundry and returned quick enough to supply the demand. It is very useful in cases of contagious diseases, as it is not always safe to trust an ignorant person with the care of the clothing which comes from an infected patient. After thoroughly disinfecting all articles of clothing, such as shirts, night-gowns, towels, handkerchiefs, etc., the nurse can put them in the washer and in a few moments have them absolutely clean. The inventor of this machine is a practical plumber by profession, who has many inventions of value to his credit. In constructing it he had in mind the comfort and health of the mother and her little family, but I believe it is sure to prove a boon to nurses.

MARIANNA WHEELER,
7 West Ninety-second Street, New York.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE Thirteenth Annual Convention of the American Society of Superintendents of Training-schools for Nurses will be held in Philadelphia, Pa., with headquarters at The Rittenhouse, Chestnut Street below Twenty-second, on May 8, 9 and 10, 1907.

Occurring just previous to the Annual Convention of the Associated Alumnæ and on the direct route to Richmond, Va., the stopover in Philadelphia will make a delightful break in the tiresome journey that many will have to take to get to Richmond.

The meeting promises to be more than ordinarily interesting, the subjects to be discussed vitally important to the nursing situation at present and to its future development.

The hospitality of Philadelphia needs no comment—it can always be depended upon.

HOTEL RATES

At The Rittenhouse, European plan from $2.50 with bath and $2.00 without bath. American plan, $4.00 with bath and $3.50 without bath, per day.

The Walton, corner Broad and Locust Streets, European plan, same rates.

The Colonnade, corner Chestnut and Fifteenth Streets, rooms from $1.00 up.

An early application will secure a choice of rooms at The Rittenhouse.

NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA

Commissioner Macfarland yesterday appointed five graduate nurses, nominated by the Graduate Nurses' Association of the District, to constitute a nurses' examining board, provision for which is made in an act of Congress providing for the registration of nurses within the District.

Those selected by Mr. Macfarland are:

Mrs. Sarah I. Fleetwood, graduate of Freedmen's Hospital, Washington. D. C., for the term expiring June 30, 1908;

Miss Myra Drake, graduate of National Homœopathic Hospital, Washington, D. C., for the term expiring June 30, 1909;

Miss Katherine Douglass, graduate of Providence Hospital, Washington, D. C., for the term expiring June 30, 1909;

Miss Elizabeth M. Hewitt, graduate of Columbia and Children's Hospital, Washington, D. C., for the term expiring June 30, 1910, and

Miss Lily Kanely, graduate of the Connecticut School for Nurses, New Haven, Conn., for the term expiring June 30, 1911.

EXHIBIT AT THE RICHMOND CONVENTION

An exhibit of printed matter from the state association is being arranged for at the coming Convention of the Nurses' Associated Alumnæ. Officers of the state associations are requested to send copies of by-laws, circulars, reports, and membership application blanks. Copies of application blanks for registration are also requested and all rules and regulations of Boards of Examiners, with certificates of registration. Send also a copy of the law of your state regarding the registration of nurses.

It is especially desirable that we have a complete exhibit, and ample accommodation will be arranged for each affiliated state association. Let each member see before May 1st that the space allotted to *her state* will not be left vacant. Send exhibits to Miss Elizabeth G. P. Cocke, Box 22, Bon Air, Virginia.

Sarah E. Sly, Interstate Chairman,
Annie Damer, President Nurses' Associated Alumnæ.

The Paris Conference will be held in the Hall of the Musée Sociale, in the Rue Las Cases, near the Pont de Solferino and the Quai d'Orsay. There will be morning and afternoon sessions on Tuesday and Wednesday, the 18th and 19th of June, and one long session on Thursday, the 20th. M. Mesureur, the Director-General of the Department of the *Assistance publique* of Paris, will act as an Honorary President, and will open the meetings.

Headquarters of the council will be announced.

L. L. Dock, Secretary.

IMPORTANT TO DELEGATES

The Chairman of Committee on Arrangements asks that delegates and visitors to the Convention of the Associated Alumnæ will notify him at the earliest possible call of the reservations they wish at the hotels, particularly at the Jefferson Hotel which is to be the Convention Headquarters.

Another large Convention will be held in Richmond on May 16, and it is best for the nurses to have their rooms reserved as soon as possible.

Elizabeth R. Preston Cocke,
Chairman of Committee on Arrangements.

REGISTRATION OF NURSES

Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration, May 1st, 1907, at Providence Hospital.

Apply to (Miss) Katherine Douglass, Secretary and Treasurer, 320 East Capitol Street, Washington, D. C.

THE ASSOCIATED ALUMNÆ MEETING IN RICHMOND

The Tenth Annual Convention of the Nurses' Associated Alumnæ of the United States will be held at Richmond, Virginia, on Tuesday, Wednesday, and Thursday, May 14, 15, and 16, 1907.

The Jefferson Hotel is to be the headquarters of the Convention, and the sessions will be held in the auditorium of the hotel.

The books will be open for registration of delegates on Monday evening, May 13th, and on Tuesday morning, May 14th, from eight o'clock until twelve o'clock, noon.

Affiliated associations with large memberships may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive meetings they shall be entitled to vote, and shall be eligible for reëlection as officers or delegates at any time.

All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization.

The Treasurer, Miss Anna Davids, 128 Pacific Street, Brooklyn, New York, requests that dues be paid at the time of registration.

Any nursing organization which shall neglect to pay its annual dues (ten cents per capita) for any year, shall not be entitled to send delegates to the annual meeting of this association of that year.

Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association.

The chairman of the Committee of Arrangements, Miss E. R. P. Cocke, P. O. Box 22, Bon Air, Virginia, submits addresses of hotels, and will be glad to give any additional information needed by delegates, as will the Secretary.

Hotel Rates in Richmond

The Jefferson, West Franklin Street (the headquarters of the Convention). European plan. $1.50 per day and upwards, without bath, and according to size and location of room.

Single rooms, with bath, $2.50 per day.

Double rooms, with bath, $4.00 per day.

The Jefferson has some very large rooms, and if parties prefer going together in these rooms (four to six in a room), a special rate of one dollar ($1.00) each person, per day, will be made.

The Richmond Hotel, Grace and Ninth Streets. European plan. $1.50 per day and upwards.

Murphy's Hotel, Broad and Eighth Streets. European plan. $1.50 per day and upwards.

These two hotels are about a dozen blocks from the headquarters and auditorium.

The Guerrant, No. 4 South Fourth Street. American plan. $1.50 per day and upward.

THE INSIDE INN (the only hotel on the Exposition Grounds)

European plan, without bath (two persons in a room), includes breakfast, privileges of the Inn, admission to the Exposition Grounds after the guest has registered at the hotel, $2.50 per day per person. If the room is occupied by only one person, one dollar extra will be charged.

American plan, without bath (two persons in a room), includes breakfast, luncheon, one dollar evening table d'hôte dinner, with wine; privileges of the Inn, admission to the Exposition Grounds after the guest has registered at the hotel, $3.50 per day per person. If the room is occupied by only one person, one dollar extra will be charged.

HOTEL RATES IN NORFOLK, VIRGINIA

THE ATLANTIC HOTEL. $3.00 per day per room. The rooms are large and will accommodate three persons comfortably, making a very low rate for each one.

THE MONTICELLO. European plan. $5.00 per day and upwards, two persons in a room.

BOARDING HOUSES

MISS PITZER'S, 115 East Franklin Street. $1.50 per day and upwards.

MRS. ABBOTT, 201 East Franklin Street. $1.50 per day and upwards.

THE MOUNT VERNON, Mrs. Hurter, 215 East Franklin Street. $1.50 per day for two in a room.

MRS. A. B. CAMN, 520 East Grace Street. $1.50 per day.

MRS. B. S. SMITH, 300 East Grace Street. $1.50 per day.

All these are within eight or ten blocks of the Jefferson Hotel, and the rates given include meals.

MRS. JOHN CRINGAN, 1 North Third Street. Rooms and meals. Second floor, two large rooms, four persons in a room, $2.00 per day each, including meals. One smaller room, two persons, $2.50 each, including meals.

Meals served to outsiders at fifty cents each meal.

MRS. MARY KENT, 1 North Third Street. Third floor rooms only. Four persons in a room, 75 cents each. One smaller room, two persons, one dollar per day each.

Meals can be had at Mrs. Cringan's, second floor, same building, at fifty cents each.

Colored delegates or visitors can obtain accommodations at THE TRUE REFORMER'S HOTEL (colored). Rates on application.

COMMITTEES

Arrangement: Miss Elizabeth R. Preston Cocke, Chairman, P. O. Box 22, Bon Air, Virginia.

Entertainment: Miss Eloise Johnson, Chairman; Mrs. Lewis Williams, Mrs. W. Lowndes Peple, Mrs. D. Meade Mann.

Hotels and Trains: Miss Lilly Price, 118 North Third Street.

Guides: Miss Emily Jones, 220 South Third Street.

Registration: Miss Baumgardner.

Programmes: Miss Agnes Johnston, 509 North Twenty-fifth Street.

Committee on Hotels and Trains for Norfolk, Virginia: Mrs. S. T. Hanger, Chairman, 7 Waverly Boulevard, Portsmouth, Virginia,

OUTLINE OF PROGRAMME OF CONVENTION

THE Treasurer and Secretary have arranged to be at the Jefferson Hotel on Monday evening, May 13, 1907, to receive any delegates who present themselves for payment of annual dues and for registration.

The books will be open for payment of annual dues and registration of delegates on Tuesday morning, May 14, from eight o'clock until twelve o'clock, noon.

The Convention will open on Tuesday afternoon, at two o'clock sharp.

In addition to the papers mentioned in the March number of the THE JOURNAL, one on "Nursing in County Almshouses" has been promised from Michigan, and one from Virginia on "Work Among the Mountain Whites."

The proceedings of Wednesday and Thursday will be routine, except for papers and discussions.

NELLIE M. CASEY, Secretary.
2103 Chestnut Street, Philadelphia, Pennsylvania.

STATE OF NEW HAMPSHIRE—1907

AN ACT

To provide for State registration of nurses. *Be it enacted by the Senate and House of Representatives in General Court convened:*

SECTION 1. Any resident of the State of New Hampshire, being over twenty-one years of age and of good moral character, holding a diploma from a training-school for nurses connected with a hospital giving a course of at least two years in the hospital and registered by the Regent of the State Boards of Medical Examiners as maintaining in this and other respects proper standards, all of which shall be determined by the said Regent, and who shall have received from the said Regent a certificate of his or her qualification to practise as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title, or use the abbreviation R.N. or any other words, letters, or figures to indicate that the person using the same is such a registered nurse.

Nothing contained in this act shall be considered as conferring any authority to practise medicine or undertake the treatment or cure of disease in violation of the medical practice acts of the State of New Hampshire.

Any persons from other states registered by the said Regent as maintaining standards not lower than those provided by this chapter, who shall show to the satisfaction of the said Regent that he or she is properly and duly registered for the practice of professional nursing in such states, upon the payment of the usual fees for certificate provided by this act, shall be entitled to a license to practise professional nursing in this state without an examination.

SECTION 2. Upon the taking effect of this act, the Graduate Nurses' Association of New Hampshire shall nominate for examiners ten of their members,

who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter two other candidates. The Regent of the State Boards of Medical Examiners shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of the examiner, the said Regent shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner, caused by death, resignation, or otherwise, shall be filled by the Regent in the same manner as an original appointment is made. This board of examiners shall also act as inspectors of training-schools.

The said Regent, with the advice of the board of examiners above provided for, shall make all necessary rules for the examination of nurses applying for certification under this act. Each person so applying for certification, or for examination and certification, shall be charged a fee of five dollars ($5.00), which shall be used to meet the actual expenses of the Regent and board of examiners. From the fees provided by this act, the Regent shall pay all proper expenses incurred by its provisions, and any surplus at the end of any year shall be retained by said Regent as a special fund for meeting expenses which may be incurred in any subsequent year. The members of the examining board shall be paid by the Regent the sum of five dollars ($5.00) for each day actually engaged in the service, and all their legitimate and necessary expenses. Said fees and expenses shall be paid from fees received under the provisions of this act, and no part of the same shall be paid out of the state treasury. The said Regent shall report annually to the governor the receipts and expenditures under the provisions of this act, and shall be held accountable therefor.

The said Regent may revoke any such certificate granted by him for sufficient cause after notice in writing to the holder thereof and a fair hearing thereon. Such notice shall be given by the Regent to the party complained of at least fourteen (14) days before the day of hearing, and shall contain a statement of the grounds upon which the complaint is based. The hearings upon such complaints shall in all cases be conducted in private, except upon the special request of the party complained of. No person shall thereafter practise as a registered nurse under any such revoked certificate.

Section 3. The Regent of the State Board of Medical Examiners may, upon the recommendation of said board of examiners above provided for, waive the examination of any graduate in good standing holding a diploma from a training-school connected with a hospital giving a training of not less than two years, and of such persons now in training at the time of the passage of this act in a hospital giving a two-years course and shall hereafter be graduated who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act who shall satisfactorily pass an examination in practical nursing within three years hereafter.

Section 4. Nothing in this act shall be construed to affect or apply to the gratuitous nursing of the sick by friend or members of the family, and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

SECTION 5. Any violation of this act shall be a misdemeanor, punishable by a fine of not less than $50.00. Any person who shall wilfully make any false representation in applying for a license shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not less than $100.00 nor more than $500.00

SECTION 6. This act shall take effect on its passage.

STATE MEETINGS

VIRGINIA.—THE Graduate Nurses' Examining Board of Virginia held its fourth annual meeting at the home of the president, 108 North Seventh Street, January 19, 1907. All members of the board were present: Miss S. H. Cabaniss and Miss Nannie Minor, of Richmond; Miss Cecile Johnson, of Danville; Miss Nannie Laird, of Lexington, and Mrs. L. de L. Hanger, of Portsmouth. Miss Cabaniss was again elected president, and Mrs. Hanger secretary and treasurer.

It was agreed that special examinations be given two nurses who had found it impossible to attend the regular examinations for registration.

The secretary was authorized to write to all nurses who persist in refusing to comply with the registration law in Virginia that their names will be published in THE JOURNAL, and that they will be reported to the board's attorney, Major W. A. Anderson, Attorney General of Virginia, for further consideration.

The subject of identification of registered nurses by means of an armlet badge of cotton, with the letters R. N. woven in, was discussed, and referred to a committee for investigation. All members of the board pledged themselves to impress upon all registered nurses the importance of using the letters R. N.

A committee composed of Misses Cabaniss and Minor was appointed to revise the requirements and regulations of the board.

Superintendents of the training-schools of Virginia were requested to furnish the board with a yearly list of discharged and non-accepted pupils.

Of the thirty-two applicants for registration in December, twenty-eight successfully passed the examinations.

The nurses of Virginia have shown much interest, and have given a ready compliance to the conditions of the registration law, and the board feels encouraged, while realizing there is yet much to be done.

LEAH DE LANCEY HANGER, Secretary and Treasurer.

TEXAS.—The graduate nurses of Texas met in Fort Worth, February 22, to organize a state society. After much discussion, by-laws and constitution were adopted, and the following officers were elected for the coming year: president, J. S. Cottle, Houston; first vice-president, Mildred Bridges, Fort Worth; second vice-president, Miss Moore, Gainesville; third vice-president, Miss Mullett, Austin; secretary, Mrs. Paris, Fort Worth; corresponding secretary, Miss Van Doren, Fort Worth; treasurer, Miss McKnight, San Antonio.

DISTRICT OF COLUMBIA.—A special meeting of the Graduate Nurses' Association of the District of Columbia was held Saturday, February 16, at Garfield

Memorial Hospital, to nominate ten members of the association, the nominations to be submitted to the Commissioners of the District, who shall, from said nominations, appoint within thirty days after such nominations are submitted to them, a nurses' examining board, to be composed of five members.

CELIA E. BRIAN, Chairman Publication Committee.

RHODE ISLAND.—The second annual meeting of the Rhode Island Association of Graduate Nurses was held Wednesday, March 7, 1907.

The reports of the treasurer and secretary were read. An excellent address by the president followed.

The association was able to secure Miss Mary M. Riddle to speak to them on state registration and state associations. Miss Riddle gave a most interesting address, which was enjoyed by the members and a number of guests.

The following officers were elected: president, Miss Lucy C. Ayers; first vice-president, Miss Abby E. Johnson; second vice-president, Miss Marietta C. Gardiner; recording secretary, Miss Frances E. Sherman; corresponding secretary, Miss Alice G. Dexter; treasurer, Miss Mary S. Gardiner; directors, Miss Mary Murray, Miss Winifred L. Fitzpatrick, Miss Rhoda G. Packard, Miss Sarah T. Lowden.

After the meeting adjourned, refreshments were served and a social hour enjoyed.

ALICE G. DEXTER, Corresponding Secretary.

NEW HAMPSHIRE.—The Graduate Nurses' Association of New Hampshire held its regular quarterly meeting at 10.30 A.M., March 11th, at the chapel of the State Hospital, Concord. Forty-one new members were added.

The report of the Ways and Means Committee was presented. This committee had charge of the registration bill, and the report on this bill in its different stages before it became a law proved of great interest to those present.

Papers were read by Miss Nutter, superintendent City Hospital, Laconia, and Miss Haskell, superintendent Wentworth Hospital, Dover.

Mrs. Susan Bancroft, a woman active in many forms of philanthropic work, spoke briefly, congratulating the association on what it had accomplished during the nine months since its organization, and she also urged the individual members to be loyal and always ready to make any effort that was for the good of the association.

It was voted to affiliate with the Nurses' Associated Alumnæ of the United States. A committee was appointed to look after the matter, and it is hoped that the affiliation will be completed so that the State Association will be entitled to send a delegate to the Convention of the alumnæ that is to be held in Richmond in May.

By vote of the association, a list of names was prepared by the executive board and presented to the Regent as nominees for a state board of nurse examiners. The Regent appointed the board of examiners as follows: for one year, Miss Ida Nutter, City Hospital, Laconia; for two years, Miss Ida Shepard, Mary Hitchcock Hospital, Hanover; for three years, Miss Augusta Robertson, Elliot Hospital, Manchester; for four years, Miss Annie F. Alpaugh, Cottage

Hospital, Portsmouth; for five years, Miss Blanche M. Truesdell, 17 Merrimack Street, Concord. The board organized with Miss Truesdell as chairman, and Miss Robertson as secretary.

B. M. TRUESDELL, Secretary.

THE regular monthly meeting of the Mountain Side Hospital Alumnæ Association met at the Nurses' Home, February 28, 1907.

The by-laws and constitution of the association had been revised. They were read, discussed, approved, and adopted. Afterward some other matters of business was gone over. It was decided to hold the meetings earlier in the afternoon, so that nurses at private cases could attend more regularly. After the business meeting refreshments were served, and the nurses had a social time together.

REGULAR MEETINGS

TOLEDO, OHIO.—The regular monthly meeting of the Toledo Graduate Nurses' Association was held February 26, at the club-rooms in the "Zenobia," the President, Miss Mapes, in the chair.

After roll-call, the usual routine business was set aside, and, as previously arranged, Miss Greenwood, of Cincinnati, president of the Ohio State Association of Graduate Nurses, delivered an address on "State Registration," giving a most interesting account of the efforts and repeated failure of the committee, of which she was chairman, to secure the passage of a desirable nursing bill; the failure being largely due, she stated, to the moneyed influences of opponents of higher hospital standards. As a consequence, the committee are going to try another route to the legislature, viz., to raise the standards of the hospitals first, and then present a bill. Mrs. Hunter Robb is the promoter of this plan, and is devoting herself, Miss Greenwood announced, to the carrying on of this work in Ohio. Any hospital superintendent in the state of Ohio who is desirous of raising the standard of her training-school, to make it eligible for registration, should write to Mrs. Hunter Robb, of Cleveland, Ohio. As a guest at the meeting, the members were pleased to welcome Miss Kerans, superintendent of Findlay Hospital. There were also other guests from the city, the attendance numbering about sixty. The society is now incorporated, and has recently had printed new constitution and by-laws; also application blanks.

OWENSBORO, KENTUCKY.—The graduates of the Owensboro City Hospital Training-school for Nurses met in the reception-room at the hospital Tuesday, February 26, 1907, and organized an alumnæ association.

The meeting was called to order by Miss Johnson, superintendent of the hospital; and Miss Rece, president of the alumnæ association of the Norton Infirmary, of Louisville, Kentucky, was called to the chair and presided.

Constitution and by-laws were adopted.

Officers elected: president, Miss Fisher; vice-president, Miss Arvin; treasurer and secretary, Miss Thompson; chairman Entertainment Committee, Miss Cooper; chairman Membership Committee, Miss Katherine Hayden. Miss Johnson and Miss Crouse were chosen honorary members.

Two graduates who reside out of the city were not present.
The next meeting will be the second Tuesday in March, at the hospital.

WHATCOM CO., WASH.—The Graduate Nurses' Association of Whatcom County, Washington, held their annual meeting on February 4. Miss Wilkinson, president; Miss Schreiner, vice-president; Miss Smith, secretary-treasurer.

This association has been in existence one year, and holds its meetings on the first Monday of every month.

NEW YORK CITY.—The alumnæ association of the training-schools for nurses of New York City held a reception at the Hotel Manhattan on Wednesday, February the sixth, from three to seven. About four hundred nurses attended, and spent a very pleasant afternoon, greeting old friends and making the acquaintance of other alumnæ members. Letters were received from many who are scattered over the country and therefore unable to attend. During the afternoon Mr. W. G. Stewart sang, accompanied by his sister, Mrs. Gabrielle Stewart Mulliner. Violin selections were rendered by Mr. Enos Johnson and Mr. J. Feigenbaum. Miss Marjorie Moore gave selected readings. While the reception was of an informal nature, the following committees were chosen by their associations to serve as a committee on general arrangements and reception: Miss Margaret Anderson, New York Post Graduate; Miss M. A. Samuel and Miss Martha Russell, New York Hospital; Miss Grace A. Knight, Roosevelt; Miss Mary Burns, Miss Clancy, and Miss Schmidling, Lebanon; Miss McEwen and Miss Bertha Kruer, Mt. Sinai; Miss Susan Bishop, Miss H. Crockett and Miss Eva Campbell, German Hospital; Miss Hunter, Miss Laurence and Miss McDevitt, Metropolitan; Miss Slayton, Bellevue; Miss Jane M. Pindell, Mrs. D. B. Ingersoll and Mrs. Turner, New York City; Miss Margaret Bewley, Presbyterian; Miss Frances L. Lurkins, Hahnemann; Miss Prentiss and Miss Towner, Flower; Miss A. S. Bussell, Manhattan and Bronx; Miss Betsy L. Harris, New York Infirmary; Mr. J. B. Swennes and Mr. Owen C. Sangster, Mills Training-school; Miss Mabel Wilson and Miss Roberts, St. Luke's.

NEWARK, N. J.—The "heart party" given on St. Valentine's night under the auspices of the alumnæ association of the Newark City Hospital, in the nurses' home, proved a great success. The lecture room was beautifully decorated with red and white hearts for the occasion. The ladies' first prize was won by the president of the association, Miss Emily Jones; the second by Miss Laurence, and the consolation by Miss Golden. The gentlemen's prizes were won by Dr. Cornwell, Mr. Hopper, and Dr. Bagg, the latter winning the consolation.

Everyone was pleased to welcome Miss Mason, the president of our training-school, back from Washington in time to participate in the pleasures of the evening. Delicious refreshments were served.

BOSTON, MASS.—The following letter has been addressed to members of the alumnæ association of the Boston and Massachusetts General Hospital

Training-schools for Nurses, and will be of interest to all graduates of the Massachusetts General Hospital Training-school for Nurses:

"At the last meeting of the alumnæ association of the Boston and Massachusetts General Hospital Training-school for Nurses an unusually large number of nurses were present. This was due to the great interest in the subject announced, namely, that immediate efforts be made by its members to establish a free bed at the hospital, to be under the control of the Massachusetts General Hospital Alumnæ Association. It was voted that immediate steps be taken to accomplish this, and several committees were appointed to formulate plans. It is proposed to hold a bazaar at some central place in Boston not later than December next. All graduates are urged to begin right away to collect useful and fancy articles for this sale. It was further proposed that each graduate be asked to contribute one dollar, and as there are more than seven hundred, and the addresses of some are not available, it was voted to send an announcement of our plan to THE AMERICAN JOURNAL OF NURSING and *The Trained Nurse*, in the hope of reaching all former pupils of the school. We have already a nucleus of about two hundred and fifty dollars, which has been subscribed for this purpose, and if the graduates all respond we shall be assured of our first thousand dollars.

"It was then voted to ask each alumnus to either give or hold herself responsible for the collection of five more. There are about two hundred and fifty members, and if they all acquiesce in this it will mean that the second thousand will be taken care of.

"The bed will cost five thousand dollars, and will mean not a bed in an open ward, but one in a private room. All graduates are urged to work for this, and to interest their friends. It is fully expected that the entire sum will be raised inside of two years.

"All contributions of money should be sent to the treasurer, Miss Grace Beattie, Brockton Hospital, Brockton, Massachusetts; all correspondence to the secretary, Miss Agnes Aikman, 24 McLean Street, Boston."

NEWARK, N. J.—The alumnæ association of the Newark City Hospital held its annual meeting at that institution on the afternoon of February 27. The meeting was called to order by the president, Miss Emily Jones. The secretary's report showed that thirty-five new members had joined during the year, and two resignations had been received. The reports of various committees were made in time and approved.

After the unfinished business was disposed of, the following officers were elected: president, Miss Mary F. Mason, principal of training-school; first vice-president, Miss Laura Dexter; second vice-president, Miss Stata Bell; recording secretary, Miss Caroline Schmoker; corresponding secretary, Miss Edna M. O'Hara; treasurer, Miss Edna Hopper. After the business session, afternoon tea was served.

CLEVELAND, OHIO.—The alumnæ association of the Cleveland General Hospital Training-school for Nurses held the monthly business meeting on Monday, February 4.

Mrs. Morgan, one of the married members, kindly opened her parlors to

the association. There was a good attendance, and a very enthusiastic discussion took place over ways and means to endow a bed for nurses, in perpetuity, in the new hospital now in process of erection in the east end of the city.

A generous sum was subscribed by those present, and, though quite a heavy task has been undertaken, so much enthusiasm and good will prevailed that the members are very hopeful of carrying out their plans for the endowed bed.

After the business session a social hour and refreshments concluded a most enjoyable afternoon.

YONKERS, N. Y.—The regular quarterly meeting of the Westchester County Association of Registered Nurses, held at the Lodge, was very well attended. Nominations were made for the election of officers, to be held at the annual meeting in June. It was decided to have a series of papers on subjects interesting to the nursing profession contributed and read by one of the members, at each meeting.

After the meeting refreshments were served by the social committee.

PHILADELPHIA, PA.—The monthly meeting of the alumnæ association of the Hospital of the University of Pennsylvania was held in the Nurses' Home on March 4. Fifteen members were present, and it was an interesting meeting.

The proceeds from the dance held in Houston Hall on February 7, for the benefit of the Endowed Room Fund, will amount to about two hundred and seventy-five dollars. Only five hundred more is needed, and it is hoped that the nurses will contribute that in the very near future.

LYNCHBURG, VA.—The graduates of the Home and Retreat Hospital, Lynchburg, Virginia, held a meeting February 18, for the purpose of organizing an alumnæ association. Officers elected: Miss L. E. Van Pelt, R.N., president; Miss Adair Rangeley, R.N., secretary.

DENVER, COL.—The Trained Nurses' Association of Denver held its annual meeting in the Y. W. C. A. Building on March 4, 1906. The following officers were elected for the ensuing year: president, R. Crittenden; vice-president, H. L. Corey; secretary, E. A. Shick; assistant secretary, Edith Anderson; treasurer, D. M. Lebo; assistant treasurer, E. Quackenbush. The annual reports showed that the association is in a prosperous condition, and the Nurses' Directory, started in June, 1906, is proving a successful undertaking.

SAN FRANCISCO, CAL.—The San Francisco County Nurses' Association has taken up the matter of affiliating in a body with the American National Red Cross Society, and the president, Miss Theresa Earle McCarthy, has appointed a committee of five nurses to inquire thoroughly into the subject. The committee is composed of Miss Kate M. Davis, Miss Elsie V. Reinoehl, Miss Julia Hintkle, Dr. Helen Parker Criswell, and Miss Lucy B. Fisher, the latter being chairman.

Owing to the recent disaster in San Francisco, and the difficulty which the California branch of the National Red Cross Society experienced in locating the burned-out graduate nurses, and the serious obstacles the nurses met with in trying to trace their officers when all nursing headquarters had been burned, all nurses realize the necessity for an organized leadership in time of calamity, and feel that the best the nursing profession can give should be given at such a time.

During the three days and nights that San Francisco was burning, and for many weeks after, splendid and even heroic work was done by the nurses individually and in groups in hospitals, homes, camps, and on the streets, but there was no possibility of any concerted action on their part. Much more could have been accomplished under able leadership.

United with the Red Cross Society under proper conditions, graduate nurses could accomplish a tremendous amount of good in time of national or local distress, and, realizing this, in view of their recent object lesson, the San Francisco nurses are considering very seriously this matter of affiliation. The subject will be thoroughly explained in the next issue of the nurses journal of the Pacific Coast, and voted on by the members in May.

Miss Katherine Fitch, one of the councillors of the California State Nurses' Association, will represent that association at the annual meeting of the associated alumnæ in Richmond. Miss Mary L. Sweeney, secretary of the San Francisco County Nurses' Association, has been elected a delegate from the Children's Hospital Alumnæ Association, to be present at the Convention in Richmond.

SCRANTON, PA.—The regular monthly meeting of the Scranton Training-school for Nurses was held in the State Hospital on Thursday, February 21, 1907. Nine members were present.

Miss Alice M. Brice, delegate who represented the association at the special meeting held at Harrisburg in December, 1906, in reference to the registration bill, read a most interesting report. Reports of the retiring officers were also read.

There are at the present time forty-one members in good standing. The election of new officers resulted as follows: president, Miss Alice M. Brice; vice-president, Miss Charlotte Williams; treasurer, Miss E. Saul; secretary, Miss Harriet B. Gibson. The two last were reëlected. The Sick Committee consists of Miss Charlotte Williams, chairman, and Miss E. Graham; the Entertainment Committee, Miss Alice M. Brice and Miss Harriet B. Gibson.

There were two new members received into the association, Misses Carrie M. Luppert and Lucretia Gourley, both of class of 1906. A vote of thanks was given to retiring officers, and also to Miss Brice, for her interesting report in reference to the registration bill.

There was no further business. Meeting adjourned, to meet at State Hospital in March.

MINNEAPOLIS, MINN.—Following the regular monthly business meeting of the Hennepin County Graduate Nurses' Association, held Thursday, March 14, at Dr. Mead's residence, 1502 Third Avenue South, Mrs. Alexander R. Colvin,

of St. Paul, president of the Minnesota State Nurses' Association, addressed the nurses in a most interesting and edifying talk on state registration, including the progress of the bill now before the state legislature of Minnesota. The appreciation of the nurses was shown by the presentation to Mrs. Colvin of a bouquet of beautiful green carnations, which were in keeping with the decorations throughout the rooms, suggestive of St. Patrick's Day. A most enjoyable social hour was spent while refreshments were served. Special St. Patrick souvenirs were placed at the table for Mrs. Colvin, president of the state association, and Miss Edith Rommel, president of the Hennepin County Association. Souvenirs were also distributed to the fifty nurses present, by Misses Marion Young and Cecelia Prinzing and Mrs. Mathilda Setnan.

PATERSON, N. J.—The regular meeting of the Paterson General Alumnæ Association was held on February 12, with a good attendance. Nine new members were received into the association. A social half-hour, with light refreshments, was enjoyed at the close of the meeting.

PERSONALS

MISS CARRIE S. LONER has resigned as superintendent of the Memorial Hospital, Omaha, Nebraska.

MISS MARIE SHELL, T.G.H., class of 1899, has been appointed assistant superintendent in the Jewish Hospital, Cincinnati, Ohio.

MISS L. E. VAN PELT, graduate of the Home and Retreat Hospital, has accepted the appointment of assistant superintendent in that institution.

MISS BESSIE ABBOTT has been appointed assistant superintendent of nurses, and Miss Mabel Young head nurse of the Men's Surgical Ward, at the University Hospital, Ann Arbor, Michigan. Both nurses are graduates of the University Hospital.

MISS MAUDE WALLINGTON, graduate Grace Hospital Training-school for Nurses, Detroit, Michigan, who is spending the winter with relatives in Kansas City, Missouri, is much interested in establishing the Hourly Nursing System there, no one having introduced it in that city.

MISS ALICE J. SCOTT, graduate of the Toronto General Hospital Training-school for Nurses, class of 1892, late assistant superintendent of the Hartford Hospital, Connecticut, has been appointed superintendent of nurses of the General Hospital, Kingston. Miss Scott enters upon her duties about April 1st.

MISS C. B. SPEECHLY, R.N., graduate of Homœopathic Hospital Training-school for Nurses, University of Michigan, Ann Arbor, Michigan, who has had charge of Dr. J. W. Morr's private hospital at Albion, Indiana, has recently given up her position for private duty. Miss Louise Hill, graduate of the same school, has accepted the position made vacant by Miss Speechly's resignation.

THROUGH the kindness of Mr. and Mrs. J. Kennedy Tod, the use of Innis Arden Cottage, Sound Beach, Connecticut, has been placed at the disposal of the

superintendent of the schood of nursing, Presbyterian Hospital, New York City. The cottage is delightfully situated on the Sound, and offers an ideal place of rest for those needing a summer holiday. It will be open from May 1 to December 1, 1907.

A STRIKING example of appreciation of nurses' needs is shown in the delightful offer just received from Mr. and Mrs. John Crosby Brown, of New York. A cottage accommodating six, to be known as the Brownery, Convalescent or Rest Home, will be opened on June 1, 1907, for the reception of nurses. This cottage is situated on Orange Mountain, amid beautiful surroundings, and is intended to be used by nurses recovering from illness, or those needing a rest after exacting work. A nominal charge of five dollars per week will be made. This sum will include convalescent nursing care. Meals served in rooms when necessary; nourishment between meals. Applications can be made by letter after May 1. Address, Miss A. M. Clayton, The Brownery, Orange, New Jersey. Nurses from any part of the country in need of care and quiet will be welcomed, and it is hoped that this haven of rest so generously provided by our friends will be freely used.

ANNA C. MAXWELL, R.N.

March 14, 1907.

BIRTHS

AT Bluffson, Indiana, February 24th, to Mrs. Charles Fetters a son. Mrs. Fetters was Miss Florence Click, class of 1900, Hope Hospital, Fort Wayne, Indiana.

MARRIAGES

MARRIED.—On February 6, 1907, Louise Husband, T.G.H., class of 1893, to Mr. George Johnston. Both of Sault St. Marie, Ontario.

AT Atlantic City, December 15, 1906, Miss Phoebe Hartman, Cooper Hospital, Camden, New Jersey, 1895, to Mr. George H. Bailey.

AT the residence of the bride's parents, 432 Shaw Street, Toronto, on February 6th, Bessie Evelyn, second daughter of Mr. and Mrs. Thomas Dickens, to the Rev. A. R. Park, pastor of the Parliament Street Baptist Church. Miss Dickens is a graduate of the T.G.H., class of 1904.

ON January 30, 1907, at the residence of the bride's father, Berlin, Ontario, Miss Ida Bingeman to Donald Mason McLennan, Toronto. Miss Bingeman graduated from the Toronto General Hospital Training-school for Nurses, class of 1902.

AT St. Albans Cathedral, February 5, 1907, by the Rev. Canon McNab, Miss Mabel Orchard, daughter of William Orchard, St. Thomas, to Herbert T. Baily. Miss Orchard graduated from the Toronto General Hospital Training-school for Nurses, class of 1900.

AT New Bedford, Massachusetts, August 11, 1906, Miss Alice E. Geddis, to Mr. Harry Chace. Miss Geddis was graduated from the St. Luke's Hospital

Training-school, New Bedford, Massachusetts, in 1900. Mr. and Mrs. Chace are making their home in New Bedford, Massachusetts.

At New Bedford, Massachusetts, December 27, 1906, Miss Julia Cushing Holmes to Mr. George Presbury Hurll. Miss Holmes was graduated from the St. Luke's Hospital Training-school, New Bedford, Massachusetts, class of 1903. Mr. and Mrs. Hurll are residing in New Bedford, Massachusetts.

The following nurses of the University of Michigan Training-school were married in 1906: Rose Flynn, '97, to Norman Fitzgerald, Toledo, Ohio; Louise Lau, '98, to R. E. Harris, Seattle, Washington; Katherine Scott, '99, to George Richards, M.D., Gaylord, Michigan; Edna Ashmun, '00, to R. A. Rae, North Bay City, Michigan; Myrtle Campbell, '00, to E. N. Chauncey, M.D., Albion, Michigan; Zada Chase, '02, to Mr. Leuné, Butte, Montana; Adda Wood, '02, to L. B. Leonard, Forest Hill, Michigan; Elsie Calkins, '02, to Martin Blair, Alligan, Michigan; Katherine Johnston, '03, to Dr. Crane; Grace Eisele, '03, to Mr. Jordan, Columbus, Indiana.

In Manilla, P. I., on January 11, Miss Wilma A. Keck, daughter of Mr. and Mrs. Theodore Keck, of Newark, N. J., to John S. Stanley, of Moscow, Pa., acting deputy collector of customs at Iloilo, P. I. The bride was graduated from the Newark City Hospital Training-school for Nurses in 1900, and for three years served as a government nurse in the Philippines, returning home two years ago. In November she again left for Manilla, to be married there to Mr. Stanley. The ceremony was performed by the Rev. Dr. S. B. Rossiter. Mrs. Charles T. Page was matron of honor, Colonel McCoy gave the bride away, and Theodore C. Reiser acted as best man.

OBITUARY

Died at the Toronto General Hospital, on February 8, 1907, Matilda Craig, Toronto General Hospital, class of 1895.

The alumnæ association of the Massachusetts Homœopathic Hospital, Boston, announce the death of a member, Miss Ruth Wolcott Sawyer, class of '98.

The alumnæ association of the Farrand Training-school, Detroit, Michigan, announce the death of a member, Miss Florence F. Sutton, class of 1905, which occurred at Toronto, December 27, 1906.

Died on March 2 1907, in Kingsbridge, New York, of pulmonary tuberculosis, Rose Anna Tweed, late chief nurse, Army Nurse Corps, U. S. A. General Hospital, Presidio of San Francisco, and member S. A. W. N. Assn. Miss Tweed was buried in the National Cemetery at Arlington, Virginia.

Miss Elsie D. Warren was one of the victims of the New York Central Railroad accident which occurred on the evening of February 16. Miss Warren was a graduate of the New York Infirmary for Women and Children, in the class of 1900. Her untimely death is a great grief to her hosts of friends and associates.

Adéle Florence Henderson, daughter of the Hon. George Henderson, of Kingston, Jamaica, graduate of the Johns Hopkins Hospital Training-school

for Nurses, class of 1899, was instantly killed in the earthquake of January the fourteenth.

Miss Henderson was a woman of lovely character and broad culture, being educated in Lausanne and in Dresden, Germany. She had been engaged in private nursing in Baltimore for some years, and was universally esteemed.

At Harper Hospital, Detroit, Michigan, on February 26th, of pneumonia, Miss Mary E. Smith.

Miss Smith was a charter member of the Alumnæ Association of the Farrand Training-school, a member of the class of 1893, and has been active in all the lines of progressive work with which the association was affiliated. She possessed executive ability in an unusual degree in hospital work, and was also a very successful private nurse. She will be greatly missed by a large circle of friends and associates. The Alumnæ Association has placed a memorial on its records, a copy of which has been sent to her family.

Died on Thursday, January 31, 1907, at Passiant Memorial Hospital, Chicago, Miss Mary E. Simonds, aged forty-six years.

Miss Simonds was born in Hartford, Wisconsin. She was a graduate of Ripon College, the Illinois Training-school for Nurses, class of '87, and the Chicago Training-school for City, Home, and Foreign Missions. After graduation from the latter she was called to Wesley Hospital, and for a time was in charge of the nurses of that institution. Ever ready to assist in any work of mercy, she later accepted an appointment to aid in the organization of a Deaconess Hospital in the city of Saginaw, Michigan. On the completion of this work another appeal was made to her—education in the South. In this work she spent some of the most enjoyable years of her life, teaching and ministering to the colored girls in the schools of Memphis, Tennessee, and Macon, Georgia.

In the spring of 1906 she again entered her Alma Mater, the Illnois Training-school, to avail herself of the advantages of the Post-graduate course. It was while doing private duty in Chicago that she was taken ill with the dreaded disease—pneumonia—which was the cause of her death. An aged mother, two sisters, and a brother are left of her immediate family to mourn her loss.

In disposition, Miss Simonds was always cheerful; in the discharge of duty, most faithful. She was of a serious frame of mind, yet possessing a vein of humor that made her presence an ever-treasured pleasure to her friends. A keen observer, she had learned early in youth that one of life's great secrets of success was not to strive in vain endeavor to realize the ideal, but, rather, in patience to idealize the real. With this view of life woven into her being, she was ever cheerful amid difficulties, hopeful amid discouragements, always scattering the gloom of darkness with the brightening rays of the sunshine of a Christian soul.

Her life has been a useful and blessed one, and her memory will be gratefully cherished in the hearts of those who knew her unselfish spirit and kindly services. Her loss to the profession and to her many warm friends is inestimable.

TRAINING SCHOOL NOTES.

At the January examination in New York State, one hundred and four candidates took the test, sixty-three of whom met the requirements and forty-one failed. The largest percentage of failures was in diet cooking and materia medica. The questions were simple and practical, as shown in the following:

University of the State of New York

7TH NURSES EXAMINATION

TUESDAY, January 29, 1907, A.M.

Answer all of the following questions. Each complete answer will receive 10 credits. Papers entitled to 75 or more credits will be accepted

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ANATOMY AND PHYSIOLOGY

ANATOMY

1. Mention (1) the number of bones in the spinal column; (2) the number of permanent teeth.
2. What is the aorta, and where is it situated?
3. Name the organs of the digestive system.
4. What constitutes the nervous system?
5. Name the four principal parts of the brain.

PHYSIOLOGY

6. What is (1) secretion, (2) assimilation, (3) metabolism?
7. What is bile, and where is it secreted?
8. Explain how the products of digestion enter the system.
9. Where is saliva secreted? Describe the action of saliva on food.
10. Through what channels do waste products pass from the system?

MEDICAL NURSING

1. Give details in the care of (1) the utensils used in typhoid fever, (2) the mouth in typhoid fever.
2. What is lavage of the stomach? Describe this process.
3. What difference is found in the recorded temperature as taken by the mouth, the axilla, and the rectum?
4. Outline *one* method of giving a hot bath to induce perspiration.
5. Describe the preparation necessary for tapping the abdomen, and state what must be the nurse's care of the patient during this procedure.
6. Describe *three* methods of locally applying cold.
7. What foods should be avoided in case of rheumatism?
8. How may bedsores be prevented in long illness?

9. What are the best materials for an emollient poultice? State how these poultices should be applied, how often they should be changed, and what should be done when they are discontinued.
10. State how *each* of the following diseases is communicated: (1) typhoid fever, (2) diphtheria, (3) scarlet fever, (4) pulmonary tuberculosis.

NURSING FOR CHILDREN

1. What special qualifications should a nurse who has the care of sick children possess?
2. Mention *three* distinct objects that a nurse who takes charge of tracheotomy cases must always keep in mind.
3. What may the nurse learn from the cries of a sick child?
4. What may the nurse learn from her observation of the expressions on the faces of sick children?
5. What should the nurse do for a child with diarrhea?
6. Give the nursing treatment of a child with convulsions.
7. Mention the symptoms of intestinal worms. Give the duties of the nurse in caring for a child who has intestinal worms.
8. What is the nursing treatment of pediculosis?
9. What special care should be given a child with chicken-pox?
10. What articles should the nurse provide before giving a child a bath?

OBSTETRIC NURSING FOR FEMALE NURSES

1. Give your reasons for calling on a prospective obstetric patient. What suggestions or advice, if any, would you give the patient?
2. When in charge of a pregnant patient, what conditions would prompt you to call the doctor?
3. How many stages of labor are there? State when each stage begins and ends.
4. In case of post-partum hemorrhage, what should the nurse do while awaiting the arrival of the doctor?
5. What special care should be given the nipples before and after confinement?
6. How may the probable date of confinement be calculated?
7. What antiseptic precautions should be taken in the care of an obstetric patient?
8. Describe in full the care of the baby for the first 12 hours after birth.
9. What should the nurse do in case of hemorrhage from the cord?
10. What care should be given an infant with colic?

SURGERY

1. How would you apply a temporary splint in case of a simple fracture of the femur, supposing that your patient must take a 40-mile railroad journey in order to reach a physician?
2. Describe the method of preparing plaster of Paris bandages. What precautions should be used in applying a plaster of Paris bandage to cover both the ankle and the knee?
3. Describe a method of sterilization of sharp-edged instruments.
4. How would you prepare (1) a patient for a gynecologic examination, (2) a male patient for a genito-urinary examination?

5. What is the difference between a deodorant and a disinfectant?
6. Give the symptoms of a postoperative hemorrhage, and describe the treatment that should be given by the nurse till the arrival of the physician.
7. Give method of stopping (1) a capillary hemorrhage, (2) an arterial hemorrhage.
8. Give the routine care of a laparotomy patient for the first three days after an operation, when there are no unusual complications.
9. What is appendectomy, and how should a patient be prepared for the operation?
10. In a case of fractured thigh, on what parts of the body would bedsores be most liable to occur? What precautions should be used to prevent them?

BACTERIOLOGY

1. Describe a simple method of disinfecting the hands, and tell why the nails must receive special attention.
2. What is the cause of pus in a wound?
3. What are the most ordinary methods by which a clean wound becomes infected?
4. What is the object of sterilization by heat? Describe this process.
5. Explain why it is necessary to boil the drinking water in a country district where there is an epidemic of typhoid fever.
6. Are all bacteria of the disease-producing type? Explain.
7. Explain in simple language the action of yeast bacteria.
8. What is meant by the term immunity?
9. In what way are disease germs thrown off in (1) diphtheria, (2 typhoid fever, (3) tuberculosis?
10. In nursing a patient with scarlet fever or smallpox, what precaution should be used to prevent the spread of the disease?

DIET COOKING

1. What effect has cooking on meat?
2. Give recipe for veal broth made from a half-pound of veal.
3. State the length of time required to cook properly the following cereals: rolled oats, Irish oatmeal, steamed rice, cornmeal mush.
4. How would you make a flour ball?
5. Give recipe for making an oyster stew containing a pint of oysters.
6. How would you determine whether or not an egg is fresh?
7. Which is the more quickly digested, a raw egg or a soft boiled egg? Why?
8. Give a recipe for an egg sandwich.
9. Give the general rules for making custards.
10. How would you bake a banana and prepare it for a patient?

MATERIA MEDICA

1. Define anesthetic, astringent, diuretic, stimulant, tonic, hypnotic, narcotic. Give an example of each.
2. From a stock solution of formalin, how would you make 32 oz. of solution 1–1000?

3. Mention *three* ways by which medicinal agents may be applied externally.
4. Mention *three* ways by which medicinal agents may be administered internally.
5 Name (1) *three* corrosive poisons, (2) *three* narcotic poisons.
6. Give an emergency treatment of carbolic acid poisoning.
7. Give the main points of an emergency treatment of poison cases in general.
8. Describe the preparation necessary for a hypodermic injection of morphin.
9. How should a normal salt solution be prepared?
10. What is (1) a tincture, (2) a fluid extract, (3) an infusion, (4) a solution, (5) a suppository?

Miss Harriet Higbee, Superintendent of Nurses of the Omaha General Hospital, and graduate of the Illinois Training-school, writes of the Hotel Hospital as follows:

About five years ago I read with great interest about a new plan, evolved by several eminent physicians of Chicago, to build a hotel hospital, in which the patients, together with their friends, could be successfully accommodated. For some reason, the project never materialized.

Last winter, the subject was again discussed, and again my interest was keenly aroused.

In the spring I received a call from a young, struggling hospital in Omoha, to assist in organizing an entirely new enterprise. On my arrival, I found, not built for the purpose, but converted into a hospital, an elegant hotel. The entire building was not occupied by patients, consequently the remaining space was utilized for accommodating the friends of patients, both of whom came here from all parts of the surrounding country.

To the question that I often asked myself, "How would such a plan work?" I can safely reply "Excellently." I have made a few simple rules from which we rarely deviate, and that reduces to a minimum the old adage that the more we are restrained, the more we desire the forbidden. The anxiety that takes possession of the friends of a very sick person is practically eliminated when they quietly step into the sick-room and see that he is in no danger; and the assurance that, if something should happen to go wrong, they can be summoned at once, makes the friends a help instead of being the proverbial terror to all who make an attempt to bring back to health the ailing ones.

The same rule that applies to the patient's friends also applies to the nurses. A few eliminations of the unruly brings, as usual, a calm upon the remaining members. The nurse is more before the public here than in other hospitals; but if she cannot be trusted as a pupil, she cannot be trusted as a graduate. Consequently, the solution is obvious.

The school consisted of twenty-two members when I came, and in six months we have increased our numbers to thirty-five, our work being in proportion.

The only diseases we exclude are those which are contagious. Therefore, the nurses obtain good training in all other branches. The course of training has been changed from two to three years, in anticipation of embracing other

fields aside from our own hospital. Here, as in other small hospitals, surgery is the predominating feature; but, as the surgeons are just as skilful and successful as in the East, the nurses receive thorough training.

Special nursing is a great feature in the hospital, graduates receiving full rates and their board.

Another unusal feature of the hospital is that the only woman in an official position is the superintendent of nurses.

THE Solvay General Hospital of Detroit, Michigan, was established June 1, 1902, by the Solvay Process Co. and maintained by them until its incorporation, August 1, 1904, since which time it has been managed by a board of trustees, the Solvay Process Co. bequeathing the building, equipment and grounds.

The hospital has a training-school, under the supervision of a graduate nurse. There are now two male nurses and eight female undergraduates. The nurses in training receive class-room instruction three evenings each week during seven months of the year, and practical instruction during the whole year, the course being three years.

The hours of duty are twelve in twenty-four hours, whether it is day or night duty, but each nurse has regular time off each day for rest or study, and a half-hour each week.

The board has thus far held two graduating exercises, and three nurses have been granted diplomas and badges.

THE graduating exercises for the class of 1907, of the Mercy Hospital Training-school, Pittsburg, Pennsylvania, were held in the lecture room at the hospital on Thursday, February 14th, at 7 P.M. There were nine members in the class: Miss Mabel C. Fellows, Corry, Pennsylvania; Miss Math A. Meade, Corry, Pennsylvania; Miss Anna Schill, Clarion, Pennsylvania; Miss Katherine Conway, Cumberland, Maryland; Miss Agnes Oiler, Braddock, Pennsylvania; Miss Lilian Heisel, Carnegie, Pennsylvania; Miss Pearl Kroegher, Allegheny, Pennsylvania; Miss Winifred Nielan, Oakdale, Pennsylvania; Miss Elizabeth Tierney, Steubenville, Ohio.

THE graduating exercises of the class of 1907 from the Vicksburg Sanitarium Training-school for Nurses, Vicksburg, Mississippi, took place at the Sanitarium on Wednesday evening, February 20th. After a brief address by Dr. Hillhouse, Dr. Weeks reviewed the work of the institution, from the establishment in 1901 to the present time, which was followed by an interesting address. In conclusion, Dr. Street presented diplomas to Miss Jessie Nance, Miss Olive Beaumont, Miss Pauline Zwickle, and Mrs. Farrior. An informal luncheon, reception, and dance brought to a close the first public exercises in the history of the institution.

PRACTICAL SUGGESTIONS

If a patient's feet and legs are cold, a single blanket, folded, may be placed with one-half over and one-half under the legs.

E. H.

Salt water should be used for boiling rubber goods—a fountain syringe, nipples, etc.—for it preserves them better than plain water.

J. B.

White grapes are a nourishing and appetizing dessert for a little child, and they are said to be fattening also. They should be peeled and seeded.

A good way to warm a bed-pan is to lay a hot water bag across it. This is especially handy where an enema is being given and there is not time to heat the pan by putting warm water inside it.

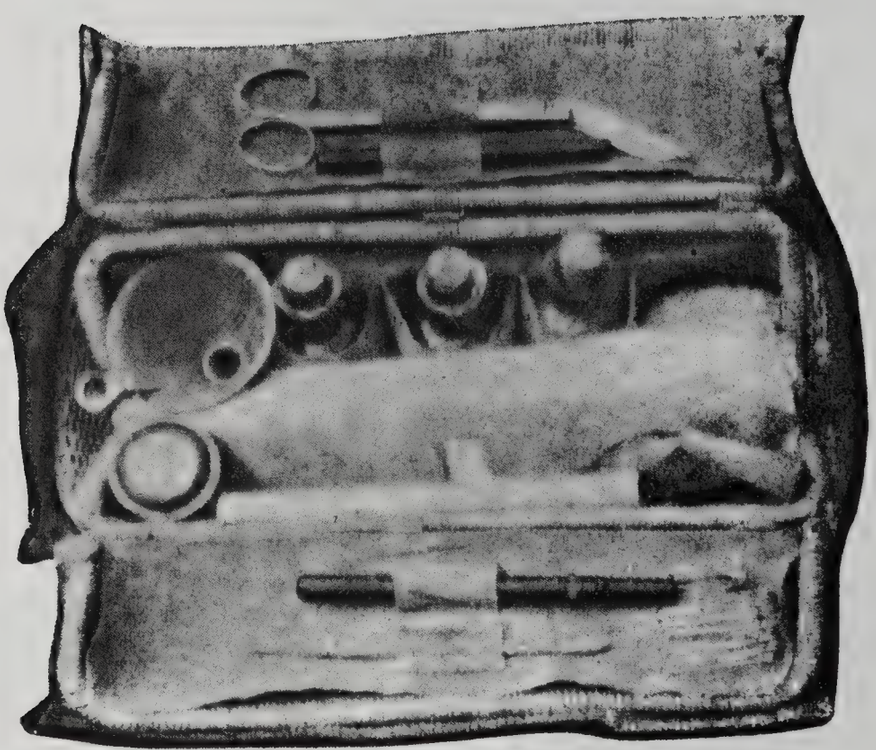
A child's feet may be warmed by putting one at a time into a muff. This often saves the necessity of taking off shoes and stockings, and the child can play with a book or toy more easily than if trying to keep its feet against a hot bag.

E. H.

If it is desirable to heat a room quickly for a baby's or child's bath, it can be done by filling the bath-tub with hot water. I have found that the temperature of a moderate-sized bath-room can be raised 5° F. in less than fifteen minutes by this method.

Date butter is digestible and nourishing. It may be given with bread, as a sandwich, for a child or invalid. The dates should be carefully washed, then put on the back of a stove, with a very little water, for





an hour. The object is to steam and soften them, not to cook them. They are then pressed through a strainer. A quantity can be made at once, as it will keep.

Milk will keep better when standing in a dish of water. Where the ice supply for a night is doubtful, and no more can be obtained, the bottle of milk will be less likely to sour if put into a pail of water and set in the ice-box. The same theory holds true when it is necessary to keep milk standing in an open window. If put into a pail of water, it will neither turn sour nor freeze as quickly as if standing alone.

J. B.

A VISITING NURSE'S BAG

It may be of interest to the visiting nurses who are subscribers to The Journal to read a short description of the nursing bags now in use at the Vanderbilt Clinic, New York. These bags are made of straw, on very much the same plan as the light dress-suit case, and are manufactured in Japan, but can easily be bought at any store selling oriental goods.

As will be seen in the accompanying picture, they open at the top in the same way as do the doctor's bag, are lined with brown linen, which can be removed and cleansed, as also the covers, which are made of thick brown rubber rain-proof material. The straw handles are protected by brown braid, which can be removed when soiled. We are now having made longer leather handles, which can be slipped over the arm. They are capable of holding three three-ounce bottles, an apron, towel, instrument bag, powder box, bandages, dressings, etc. The weight is three pounds five and a half ounces, and, as every visiting nurse knows what it means to walk long distances and climb many stairs with a heavy bag, we hope that at least in this respect our venture will prove successful.

Elsie T. Patterson,
Nurse in charge Vanderbilt Clinic, New York.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

NURSING: ITS PRINCIPLES AND PRACTICE FOR HOSPITAL AND PRIVATE USE. By Isabel Hampton Robb, Graduate of the New York Training-school for Nurses attached to Bellevue Hospital; late Superintendent of Nurses, and Principal of the Training-school for Nurses, Johns Hopkins Hospital, Baltimore, Maryland; late Superintendent of Nurses, Illinois Training-school for Nurses, Chicago, Illinois; member of the Board of Lady Managers, Lakeside Hospital, Cleveland, Ohio; Honorary Member of the Matrons' Council, London, England. Third Edition, Revised and Enlarged. Illustrated. Price, $2.00. Cleveland: E. C. Koeckert, Publisher, 715 Rose Building.

In this new edition of her well known book—since its first appearance the standard of nurse-training schools—Mrs. Hampton Robb exhibits all the interest in and practical knowledge of her subject that one could possibly expect from a present-year graduate, fresh from her school and hospital. The opening chapter, outlining the course of the three-year plan, while of necessity differing from the first chapter of the first edition, in that the latter outlined the training for the two-year course, is noticeably less didactic than the teaching of the earlier book. It is more liberal, allowing more scope for development at the hands of those who undertake to put the plan into practice. One reads with a growing conviction of the value of perspective, here as in other situations; the getting oneself to the point of distance which will enable one to see the different parts in their proper relation to the whole. Nurses owe to Mrs. Robb a particular debt of gratitude that she made this revision of her work a personal matter. The new edition is practically a new book; so much of the old text has been changed, and so much new matter added thereto, that it involves quite as much labor as the writing of a whole new book. One realizes that it must have cost the author considerable moral effort to abstain from handing over the task to other hands; but gratitude increases, as one reads, and we are devoutly thankful that Mrs. Robb's Canadian conscience relentlessly bound her to her duty and constrained her to personally achieve this work. For the work is unique. Many and various hand-books of nursing, some of them the work of men

in the medical profession, have been put upon the market, often with good commercial success, but there have not been any that in theory or practice have invaded the field where Mrs. Robb holds undisputed sway: the reputable nurse-training schools of this country and Canada. Conservative to a degree, the author holds to her earlier teaching in such matters as nursing ethics, hospital etiquette, etc., and present-day superintendents will agree in this and attest to the difficulties that arise whenever the strictly severe rule of former days is relaxed; also they will confirm the idea that a better spirit prevails wherever the strictly conservative etiquette between nurses and internes, attending-men, hospital employees, etc., is maintained. The conservatism quite disappears, however, when the teaching of classes is in question. The author takes for granted that pupils shall be given the privilege of laboratory instruction in place of the didactic lecture of former times, for such subjects as bacteriology, materia medica, and pharmacy; that embryology, with the study of cells and cell tissues, be demonstrated with the aid of microscopy; that chemistry and cooking receive their legitimate attention—all these subjects requiring ample time out of the wards if the pupil nurse is to do them justice. Gone are the days, so far as Mrs. Robb's schedule, when all the teaching the nurse received was in dry-as-dust lectures, coming after a hard day's duty and a heavy supper, when the pupils wrestled mightily to keep awake and take notes, copying the difficult words from the blackboard, where the amiable professor wrote them out. The nurse pupil nowadays expects, and with perfect propriety, to receive a thorough and valuable training, such as will enable her to take any examination her state may see fit to impose before it allows her to practice her profession. She expects, if she reads Mrs. Robb's book, that time shall be given her to do proper justice to the theoretic part of her training, and that she shall be allotted to every department of the hospital and training-school for sufficient length of time to master its technique, from the least to the greatest detail. Moreover, she has every right to expect that when her training is finished she shall have learned many things not set down in the curriculum—things which shall give her an advantage over her lay sister, should nursing life be fated to end with her training. She will be all the better wife and mother for having brought credit to her hospital and training-school. Mrs. Robb's book further takes for granted a larger staff of teachers and demonstrators than training-school boards as a rule provide. Surely this is a matter which will correct itself with the growth of public education. A German visiting American institutions—Professor Muensterberg—spoke with wonder at the short-sightedness of hospital managers in not retaining trained nurses in the hospital. "That the nurses should be laboriously trained for three

years, and should then go off to private posts because funds for hospital appointments could not be raised, was, I must confess, a state of affairs that I failed to comprehend. If funds are needed anywhere, surely it is here, in order to provide the sick with the best possible nursing." It is not a bad thing to feel that our nursing affairs are being watched and criticised by the great thinkers and writers abroad. It should stimulate the nursing body to greater and greater efforts to keep our standards unbroken, to refuse to recede or to yield an inch of the ground that has been gained, in spite of the attacks from without, and the faint-heartedness within our ranks.

Mrs. Robb, as every one knows, speaks from an exceptionally large experience. She knows the superintendent's point of view in addition to the pupil's; and she knows the board of managers' view; but apparently they are all one: to produce a force which shall intelligently, kindly, and mercifully take care of the sick and helpless; that the process shall be in no wise an economic loss; that it shall not involve the sacrifice of any other class, but shall naturally bring its own compensation.

THE IMMEDIATE CARE OF THE INJURED. By Albert S. Morrow, M.D., Attending Surgeon to the Workhouse Hospital and to the New York City Home for the Aged and Infirm. Octavo of 340 pages, with 238 illustrations. Cloth, $2.50 net. W. B. Saunders Co., Philadelphia and London.

This book seems destined to become a sort of recruiting ground for applicants to the nurse training-schools of the country. We all remember its modest forerunner, "First Aid to the Injured," and it is well known that many who later became more or less famous in the history of the nursing profession owe their first inspiration to the perusal of that work. The present treatise, enlarged and elaborated so as almost to lose all likeness to its modest predecessor, is written in a way to claim popular attention and to prove interesting reading to a large portion of the laity. Technical and scientific language is conspicuous by its absence, and the rather sketchy descriptions are supplemented by many valuable illustrations. Addressed to physicians, nurses, and laymen, it will probably appeal to the last class rather than either the first or second. Interesting reading it is, but the question will not be suppressed of just what value as a guide to emergency work can such a book claim? Will it ever be available where a doctor is not? We are warned in insistent italics that "*first aid* should *never supersede or take the place of proper medical or surgical attention;*" that "by first aid is meant the *temporary* assistance rendered a sufferer until the arrival of medical aid. To proceed further

than this is not only an unwarranted presumption upon the part of the person so doing, but may result in the production of harmful consequences to the injured person. *In all cases a physician should be immediately summoned,* and in the meantime the 'first-aider' should devote his energies to rendering whatever temporary assistance may be within his power." To which we most heartily say, Amen! But why, following such a preface, does the author proceed to instruct for the reduction of dislocations of the shoulder, elbow, hip, etc.? Or, again, the cauterization for rabies? Do the benefits of cauterization at the hands of á layman in any degree justify such suffering as the process must entail? The general instructions are beyond criticism, as in the general treatment of various injuries—sprains, fractures, dislocations, etc., simple and practical in every respect, a blind man could follow them.

The latter part of the book is devoted mainly to different methods of transportation for injured or disabled people, and there are found here some distinctly novel hints, for which the author gives the main credit to the drill regulations of the United States Army Hospital Corps.

There is no question of the interest and popularity of the book. The public generally as well as the profession are indebted to Dr. Morrow. It will give a fresh impetus to first-aid classes, and as we mentioned earlier offers suggestions to many young people who are looking about for some definite plan for future activity. But, again, there is the question: Why instruct a great body of people for duties which they are solemnly enjoined to abstain from, and leave to be performed by others, endowed with a peculiar fitness for the office?

THE NURSE'S "ENQUIRE WITHIN." A Pocket Encyclopedia of Diseases; Their Symptoms, Nursing Treatment and much other Valuable Information, Alphabetically Arranged. By C. O. M. Scientific Press, London. Price, 2 shillings.

Only from England is such a little book as the one before us obtainable. No other country seems to produce the combination of modesty and efficiency that makes possible so painstaking an effort to serve a very humble beginner. The author out of a long and varied career in English and foreign hospitals has collected the material for this tiny encyclopedia, much of the matter being of such a nature that the larger and fuller text-books overlook it or consider it too insignificant to be included in their work. For the most part only the homely terms by which the less educated or strictly lay classes express themselves are used, and the term used in the title "Nursing-Treatment" is used advisedly, as it refers mostly to the simple home remedies which any one may use without fear of treading on the sensitive

toes of the medical profession. It will be urged that there is nothing in the book except what every nurse ought to know so well that she could not possibly find any use for a reminder. This is true, yet we venture to say that there are times when our memories play tricks and we waste valuable time trying in vain to remember some fragment of knowledge which persistently eludes our efforts to lay hold of it. This tiny book, four inches by three, of 160 pages, is capable of being carried in an apron pocket. Unobtrusive, it is still distinctly attractive in its soft green cover. The arrangement of the subjects alphabetically makes an easy matter of its consultation. The author emphatically disclaims all intention of "cribbing" from other writers, and states her inability to remember the various sources of information drawn upon, the subject matter having been the result of twenty-seven years in hospital nursing.

THE PHYSICIAN'S VISITING LIST FOR 1907. Lindsay & Blakiston. P. Blakiston's Sons, Philadelphia.

The fifty-sixth year of this valuable aid to the hard-worked physican finds it as perfect a pocket diary as the most methodical and exacting in the profession could demand. Doctors are proverbial for being slack in the matter of bookkeeping. Here is given every inducement to system and order, every possible help to over-taxed memory, and the quickest means of finding the results of tedious calculations. A system of signs renders all notes strictly confidential. The diary contains, among other useful information, a table for calculating utero-gestation; a dose table; a calendar; record of patients' addresses; ditto for nurses'; also records for birth, deaths, cash account, etc. The book is handsomely bound in fine black leather, and so neat in proportions that it is never in the way when not in use.

P. Blakiston's Sons & Co., of Philadelphia, are soon to publish a book on "Foods and Their Adulterations," by Harvey W. Wiley, M.D.,to be followed by a companion volume on "Beverages and Their Adulterations." Dr. Wiley's connection with the Department of Agriculture, and the recent passage of the National Pure Food and Drug Law, will doubtless create a demand for these books.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical, and scientific publications. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

CHANGES IN THE ARMY NURSE CORPS

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CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS ENDING OCTOBER 13, 1906

BOYLAN, MARGARET, formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

BRACKETT, BERT D., under orders for transfer from the Division Hospital, Manila, P. I., to the Department of Mindanao.

FISHER, IZA, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed March 5th.

LEONARD, GRACE, recently reported in the Philippines Division, assigned to duty at the Division Hospital, Manila.

MCHUGH, CECILIA, arrived in San Francisco February 13th, from the Philippines; assigned to duty at the General Hospital, Presidio.

MERICLE, EVELYN E., graduate of Trinity Training-school, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MOORE, MARGARET, under orders for transfer from the Division Hospital, Manila, P. I., to the Department of Mindanao.

PAMPEL, MADELEINE MARGARET, graduate of the Maryland General Hospital, Baltimore, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

PURCELL, BERTHA, under orders for transfer from Zamboanga, P. I., to the United States.

RITTENHOUSE, VALERIA, graduate of Chicago Hospital, Chicago, Illinois, 1903, and Superintendent of Illinois Hospital Training-school from October 1, 1904, to October 1, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

ROHLFS, LOUISE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

SCHREIBER, MINNIE E., graduate of Trinity Hospital Training-school, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

SHAW, EDITH M., under orders for transfer from Zamboanga, Department of Mindanao, to the Division Hospital, Manila, P. I.

TIMME, MINNA C., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed March 5th.

WHITE, ALICE CECIL, recently reported in the Philippines Division, assigned to duty at Fort William McKinley.

ZIMERLE, MARY, graduate of St. Vincent's Training-school, Toledo, Ohio, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

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THE AMERICAN JOURNAL OF NURSING

VOL. VII | MAY, 1907 | NO. 8

EDITORIAL COMMENT

PROGRESS OF STATE REGISTRATION.

In several of the states where there have been bills before the legislature for state registration, there seems to have been a most willful misrepresentation of facts in regard to the reason for and the ultimate results of state registration. It really seems incredible that reputable medical journals should take the ground that it is intended ultimately that the nurse will supplant the physician or that in any way she will infringe upon the doctor's province. Cases have been cited of gross breeches of professional etiquette on the part of the type of woman whom the great nursing body deplore and condemn, as showing the results that are to be expected. It would seem hardly necessary to state the reasons for state registration but for the fact that through misrepresentation or ignorance, its object is being misunderstood by many medical journals and medical men. We contend that the more highly cultured the woman and the better trained the nurse, the more willingly she serves the doctor, never infringing upon his province in the treatment of the patient, and using her medical knowledge independently only in cases of extreme emergency and at such time and in such manner as she knows would meet his approval. It is the woman lacking in intellect and culture and thorough training, who is guilty of the disloyalty that the whole nursing body is being accused of.

In the beginning, state registration must recognize the woman in the field. This is the way the medical, legal, and all the registration laws have had to go into effect. Eventually state registration will be a stronger safeguard than we have had hitherto in giving assurance of a certain amount of preliminary education which carries with it intelligence and a reasonable experience in technical training.

The passage which is being quoted in a number of medical journals from one of Mrs. E. G. Fenwick's papers, in which she states: "To advance the higher evolution of the trained nurse, the domination of the doctor and the man must cease when he leaves the sick room," is being largely, it seems to us willfully, misconstrued. Mrs. Fenwick's meaning is perfectly clear to nurses; in the sick room, in the treatment and control of the patient, the doctor's authority is supreme and the nurse acts always as his subordinate in carrying out such instructions as he may choose to give, but in other matters nurses must be free to act for themselves and for such measures as are for the best good of the great nursing body as a whole. We want to be emphatically understood as disclaiming all responsibility for the type of nurse who presumes to in any way usurp the province of the doctor in the treatment of the patient. It is because of her that this movement has come about among nurses to create a means of distinction between the woman who is professionally grounded and ethical, and the one who is ignorant, professionally presumptuous, and disloyal.

While on the one hand, it is rather disheartening that some medical journals are taking this attitude in regard to nursing affairs, it has been particularly gratifying during the month to see that a number of other leading ones, have expressed themselves in favor of the progressive movements among nurses.

Perhaps it is not strange that this agitation in nursing affairs should come at this time when we realize the condition of unrest which pervades every class of work, in every grade of society, the world over. It only goes to prove the tremendous importance of nurses in their professional and economic relations to the people. There would seem to be an undercurrent of jealousy of the growing importance of nurses on the part of a certain element in the medical profession. We can see no other reason for the kind of opposition which is coming more and more into the light of day. It would seem that the deeply-rooted jealousies that are existing within the ranks of the medical profession are beginning to overflow their boundaries into nursing territory.

This whole backward movement seems to be a desire on the part of certain groups of medical men, who do not represent always the best element in medicine, any more than the women they complain of represent the best element in nursing, to belittle the work of the superintendents of training-schools and to degrade the position of nurses as a whole.

IOWA.—State Registration of Graduate Nurses will become a law in Iowa, July 4th, 1907. The text of the bill as passed by the Thirty-second

General Assembly will be found among the Official Reports. It will be noted that the law differs from that secured by nurses in other states in that the Iowa nurses were not able to secure an independent board of examiners. They are under the control of the state board of health, their examining board consisting of two members of the board of medical examiners and two nurses, together with the secretary of the state board of health, who acts as secretary to the board of nurse examiners, but has nothing to do with the examinations beyond actual clerical work.

The bill as passed bears little resemblance to the bill as introduced. In the original bill the nurses asked for a board consisting of only three nurses to be appointed by the Governor from names submitted by the State Association and in this they asked for the unattainable. Twice before has their bill been practically defeated because the State of Iowa will not create any new boards, so strong is the sentiment for centralizations along all lines. Even the boards of trustees of the various educational institutions have been abolished and the schools placed under a general board of control. All matters remotely medical are placed under the board of health, and only the fact that the dentists and the pharmacists had secured their independent boards years ago, makes them exceptions to this ruling of the General Assembly.

The legislative committee canvassed the situation very thoroughly throughout the House and Senate and became convinced that an independent board of examiners could never be secured in the State of Iowa, and further than this, they were assured that they would not be allowed to withdraw their bill because of their objection to this point, but that if they failed to compromise, a law would be passed placing nursing matters entirely under the control of the board of medical examiners. After consulting with the executive committee and getting the opinions of many of the hospital and training-school superintendents over the state, it was decided that the wisest move to make would be the introduction of a substitute bill and it is this second bill, altered by sundry committee and sub-committee prunings, that was finally passed by the legislature. It contains many points that are subject to criticism, but any body of nurses that has attempted to secure legislation will appreciate the fact that "*we* do not make the law," as they were told by one of the senators when they were strugging for the retention of at least a minority of the better points of the bill in a sub-committee meeting. If the law proves unsatisfactory to the public and to the nurses of Iowa, they must trust to future legislative committees to secure amendments. At least it will have had a fair trial before the next session of the Assembly. A glance at the bill will show that the nurses have no legal voice in the selection

of those who shall represent them on this board; this is another point they could not make, but the members of the board of health have consented to select the two nurses from names submitted by the State Association. At least there have been secured for the profession state recognition and protection, a uniform examination, and a three years course of training.

The membership in the State Association is increasing and the nurses in Iowa, generally, seem interested. At the convention to be held in Ottumwa, June 4th and 5th, the subject of incorporation will come up, and the first steps will be taken toward securing it.

Examinations in New York.—Since the full examinations began in New York, in June of last year, the board of examiners has realized that the questions presented have been too difficult for the graduates of many of the schools. We do not concede for a moment that they are more difficult than they should be. It is simply that certain schools have not brought their pupils up to the standard and that they must be given time in which to develop more careful teaching methods. It should be borne in mind that it is not the desire or intention of the board of examiners or, more broadly speaking, of state registration, to demoralize hospitals that are conscientiously endeavoring to train their nurses along proper lines. In New York the schools are greater in number and the standards more varied than in any other state.

In the next examination, which occurs at the end of June, a somewhat different plan is to be followed from that of the two preceding examinations. Fifteen questions on each subject have been prepared, from which the applicant may select without restriction ten questions. In the past, each examiner has sent her questions directly to the education department at Albany. In the future, these questions are all to be reviewed by the members of the board in conference. This will prevent duplication, and will have a tendency to simplify the questions as a whole.

Pupils who have failed in the previous examinations should come forward again for the June examination, and may do so by filing an application in the usual form with the education department, but will not be required to again pay the fee. Schools that are registered are expected to prepare their pupils for the state examinations and to see to it that they come forward for the test. There should be a freer criticism of the questions by those who are actively engaged in teaching and who are interested in the success of our registration laws. While the number of failures in our New York examinations have seemed excessive, we are assured that they are not of greater proportion than those which

occur in other professions having examinations conducted by the education department.

The superintendents should use in their schools the text books which are given in the Education Department Bulletin, 28, for the guidance of the schools in preparing their pupils.

It must also be borne in mind that all the questions have to do with nursing and not with the practice of medicine. It is from the nursing side that the subjects are to be dealt with, for instance, the nursing care of a surgical case should be given and not the medical treatment following an operation. The examiners are not asking for technical terms or for complex and deeply scientific reasons, but are endeavoring to bring out the simple practical nursing side of every subject presented.

In Minnesota, a bill for the state registration of nurses passed both houses of the legislature and was signed by the governor on April 15. Some amendments, which have not detracted greatly from its value, have made it necessary to delay the publication of the text of the bill in our pages until the June issue. The board of examiners is to be composed of four nurses and one physician, and the educational requirements are for a high school diploma and a three years hospital course.

The nurses in Minnesota are perfecting a scheme by which they will contract to take two issues of *The Courant,* a monthly magazine, the official organ of the Women's Federation of Clubs for Minnesota, North Dakota, Iowa, and Wisconsin. These two issues will belong to the nurses entirely and will largely consist of the reports of the two regular meetings, papers read, etc. They will have the right to publish any official news or make any announcements in the other issues.

South Carolina.—The graduate nurses of South Carolina are taking the first steps toward a state association and registration. A number of graduate nurses of Charleston met at Riverside Infirmary, March 1, to organize an association. A constitution and by-laws were adopted and the following officers were elected: president, Miss Marion Utes, superintendent of nurses, Roper Hospital; first vice-president, Miss Katherine C. Magrath; second vice-president, Miss Belle O'Bryan; secretary and treasurer, Miss May Hart.

Michigan.—The Michigan Bill for State Registration was introduced in the House on January 22d by Representative Lord, of Detroit, and was then referred to the committee on public health.

On February 12th a substitute bill was introduced by Dr. Kelly, in

which the administration of the law was to be placed under the control of the Michigan State Medical Board. This substitute was drafted by one of the officers of the state board of medical registration, and seems to have the support of a large number of the medical men of the state. This is a disappointment to the nurses, who had felt all along that their bill was receiving the unqualified support of medical men throughout the state.

The nurses feel that the medical men have allowed their judgment to be obscured by the comments of the medical press on the registration question, and have not as yet a clear idea of what the registration of nurses really means. They do not see it from the nurses' point of view.

The outcome is uncertain, as there is every reason to believe that the nurses' bill will be unfavorably reported back from the committee on public health; yet their supporters in the legislature are still holding out hope of its becoming a law. The Michigan nurses feel that it is better to have *no* bill than one not *their own.*

Colorado.—The first biennial report of the Colorado State Board of Nurse Examiners gives the following information: After the establishment of the board in 1905, a set of application blanks, with a copy of the law, was furnished every available nurse in the state. A notice, calling attention to the "Act Relating to Professional Nursing" and giving the name and address of the secretary of the board, was printed in the press throughout the state.

The subjects for examination are: Anatomy; physiology; hygiene; general medical nursing; surgery, including diseases of women; obstetrics (including infant feeding), or genito-urinary diseases; materia medica; and dietetics. In addition to the above the ninth subject is selected by the applicant from the following: hydrotherapy and massage, nursing of contagious diseases, care of the nervous or insane, and bacteriology.

The examinations, both theoretical and practical, were conducted and rated in accordance with civil service methods. All the nurses who have taken these examinations for registration have passed satisfactorily.

The Colorado bill has been amended, and the amendments were confirmed by the governor on April 8th. The amendments extend the term of the waiver under which nurses may be registered without examination, and seem to be for the simplification of the administration of the statute, without in any way detracting from its value. We shall give the bill as amended in a later issue.

WEST VIRGINIA.—The governor of West Virginia pronounced the bill for state registration of nurses, as passed by the two houses of legislature, as unconstitutional. It seems that in West Virginia, as in Ohio and Louisiana, only citizens who are voters can hold office under the state. The bill was returned to the legislature and so amended that the board of examiners will be composed of physicians instead of nurses.

MASSACHUSETTS.—At the meeting of the Massachusetts State Nurses Association, held at New Bedford, March 20th, it was voted to make THE AMERICAN JOURNAL OF NURSING the official organ of the society.

JUNE REPORTS.

In the next number of the JOURNAL we are very anxious to wind up the official reports of societies for the season, that there may be nothing held over until fall. The July issue will be reserved for the report of the American Society of Superintendents of Training-schools for Nurses, and the August number will be used exclusively for the proceedings of the Nurses' Associated Alumnæ at Richmond. It is our desire to give no space in either of these numbers to any of the usual reports or items. In order to carry out these plans we must have prompt returns from all organizations wishing to report in June, and this especially applies to the state societies that have not made their reports from month to month. All material which is to appear before fall should be in our hands by May tenth.

We take this occasion to call the attention of our contributors to the fact that the solid articles for the JOURNAL must always be sent to us before the first of the month preceding the date of issue; that reports of any length should be in the hands of the editor-in-chief before the twelfth of the month; and that between that date and the eighteenth we like to receive only brief reports and personals. The final copy is sent to the printer on the evening of the eighteenth of the month. It happens frequently that the most important announcements come to us after the JOURNAL has gone to press. Reports that might have been prepared a week, or even a month, earlier will not reach us until the number is practically made up. We have too frequently delayed the publication of the JOURNAL rather than postpone announcements that are of vital importance to the nursing profession. With Miss DeWitt's coming to Rochester, the editor hopes to be able to get the JOURNAL out more promptly and with fewer errors. She wants to say, however, to the great

body of women who are interested in the JOURNAL's welfare, that year by year as it has grown and developed she has taken up the increasing burden of the detail work and has carried it practically alone until the present time. This work has outgrown the capacity of any one person to handle. For this reason there have been omissions and errors, perhaps unimportant, but humiliating to those responsible for the magazine's appearance in the journalistic world.

The great value of our own JOURNAL lies in its providing a medium for the exchange and expression of opinions between nurses and a record of the progress of nursing. While the literary side is, in a measure, secondary, we have been proud of the development of that feature and shall continue to give careful attention to it.

THE DUTY OF THE REGISTERED NURSE.

There have been many nurses registered in the state of New York who are not members of the State Association or of any nursing organization. These women should identify themselves either with a local association which is affiliated with a state society or should, in case there is no local association, join individually the New York State Nurses' Association, making application to the secretary, Miss Frida Hartmann, 82 East Eighty-first Street, New York City.

Every man and woman who is now enrolled as a registered nurse in the state of New York, and in all states where registration is enforced, should lend the force of their membership and influence in sustaining and developing state registration. This can only be accomplished by membership in the state societies and it is an obligation which registration confers upon the individual.

NURSING IN MISSION STATIONS.

We propose to publish, as rapidly as material can be obtained, sketches of nursing work in mission stations. We should be glad to receive for this purpose, from all nursing schools, the names and addresses of their representatives in foreign lands, and if the missionary nurses who take the JOURNAL will send accounts of their work without waiting for a direct request, the delay in obtaining such information will be lessened by several months.

For many years there was no demand for nurses on the foreign mission field, as the station funds did not permit such luxuries. The woman physician who was at the head of a hospital had to do the nursing,

aided by native women. Many of these doctors had had a course in nursing before studying medicine and so were well equipped for such double duty. But as the appreciation of the services of the foreign doctor's work increased among the natives, the demands on his (or her) time have become greater. A better source of income for medical missions is being obtained both at home and abroad and foreign hospitals are better equipped. With these increased demands and better equipment the trained nurse has become a necessity and there are now representatives of our profession scattered all over the globe. These nurses as a rule start training-schools among the native women as soon as such action is practicable or possible.

Doctor Eleanor Chesnut, who lost her life as a martyr at the far inland station of Lien Chow, in China, had been training native women as doctors and she was encouraged to start a class in nursing also. At the time of her death she had two student nurses, one of whom was so ignorant that she could not read, and was learning the Chinese characters from the labels on the jars in the dispensary. In spite of such odds, Doctor Chesnut was translating Mrs. Robb's text book on nursing into Chinese for her students' use. We have not heard whether this work is yet completed, though a woman physician in Canton intended to go on with it.

There is, we believe, a well-established training-school for nurses in Canton in connection with the woman's hospital and medical school. Such work must be extremely interesting from a scientific and humanitarian point of view as well as from the religious standpoint. The details of the nursing of such patients, the way in which our methods must be modified to suit other peoples, and the new expedients suggested by necessity will be of greater value to the JOURNAL and to its missionary readers than mere statistics of such schools.

The requests for broader knowledge of this work have become demands during the past year and we shall not be content with anything less than a thorough survey of the whole field. For this we shall need the coöperation of our missionary nurses.

We begin this series with a sketch of the Mary Taber Shell Memorial Hospital in India.

THE SUPERINTENDENTS' MEETING IN PHILADELPHIA

IT seems hardly possible that it can be thirteen years since the organization of the American Society of Superintendents of Training-schools in Chicago, and yet when we consider conditions as they were at

that time, and the progress that has been made mainly through the leadership of that society, the time is short for the accomplishment of so much. At that time the members of the teaching body were strangers to each other; today there is hardly a woman who counts for much who is not enrolled in this society and who is not known both as a woman and also by her work to all of the other members. It is through this annual conference that the idea of uniformity in teaching methods and state registration have been developed. At these conferences every advanced step has been first presented and every problem of the training-school discussed. No woman entitled to membership, who is a teacher of nurses can afford to remain outside, or should miss attending this thirteenth convention who can possibly be present—for never has there been a time when the teaching body more needed the wisdom of many minds than at the present.

THE MEETING AT RICHMOND.

The programme for the meetings of the Associated Alumnæ at Richmond will be found among the official reports and it promises a most enjoyable and interesting treat for the nurses able to attend. The papers and discussion on state work, conducted by Miss Sly, will be of great importance to workers in state associations. The question box, in charge of Miss McIsaac, will doubtless bring out much of the practical side of nursing. Among the papers to be read is one on Almshouse Nursing, a new and important subject, which will be presented by the Reverend Caroline Bartlett Crane, whom the Michigan nurses have secured to present the subject to us.

The all-day excursion to Norfolk at the close of the days devoted to the regular work of the convention will be a restful and delightful conclusion to the gathering.

The Jamestown Exposition will prove an attraction to many at this time, and careful heed should be given to the instructions in regard to tickets, time limits, stop-overs, etc., that none be disappointed.

To women living in the eastern states, the boats running from Boston and New York to Norfolk offer a means of transportation combined with a delightful outing. The trip from Boston occupies nearly two days and nights, the steamer being out of sight of land for a day. To be in the midst of real sea breezes for so long a time, both before and after the rather strenuous days of our annual gathering, should offer a temptation to many to choose this mode of travel. The trip by land, though it may not be as restful, will lead through beautiful country in the garb of spring.

One of the very interesting features of this Richmond meeting is that the nurses are to be entertained by the nurses of the Old Dominion and not by those of Richmond alone. All the nurses of the different towns and cities throughout Virginia are contributing toward the entertainment, each regretting that her particular city is not to be the headquarters. Richmond being the largest city with the largest membership, takes the lead, but Norfolk is a close second and throughout the State the coöperation is most cordial and enthusiastic. This changes the character of the entertainment a little, and for the first time the national organization is to receive the hospitality of a whole state. In the department of Letters to the Editor will be found a communication from a group of nurses who offer special attention to the visiting members.

CORRECTIONS

Our April number contains a number of errors which we have been asked to explain and correct.

In Sister Amy's article on Artificial Feeding of Infants, page 525, the last paragraph should read, at the beginning: "The bottle must be held during the entire feeding." At the end of the same paragraph, read: "Bottles are washed in soap and water, nipples in running cold water, turned inside out, and boiled p. r. n."

In Dr. Goffe's paper on The Woman's Hospital, page 515, under Requirements for Admission, the paragraph reading, "A course of lectures is given by the principal of the training-school and her head nurses," should read, "A course of lectures is given by the attending physicians and surgeons, and classes and demonstrations are conducted by the principal of the training-school and her head nurses."

In Editorial Comment, page 509, under the heading The Shortage in Probationers, in the first line of the last paragraph, "with the return to the three years" should read "with the return to the two years."

These errors were all in the original manuscripts and the Journal office was responsible only for the last.

THE TECHNIQUE OF THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY

By JOSEPH B. DE LEE, A.M., M.D., Chicago.

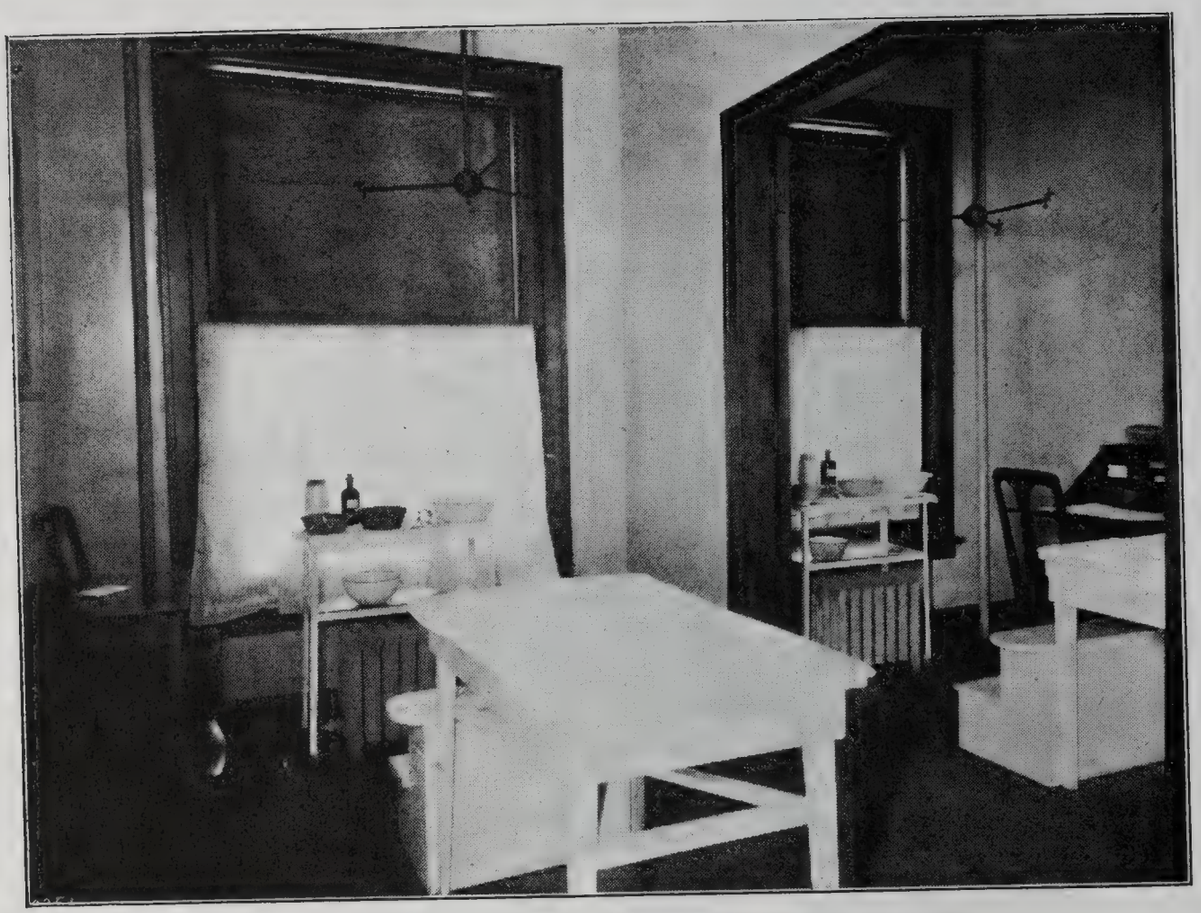
THIS institution has two departments, one in-door, the hospital, and one out-door, the dispensaries. Of the latter there are two, each located in a densely populated section of the city. The methods employed in these dispensaries are identical. The larger and older one, located on Maxwell Street, was designed and built especially for this work, and is, in the writer's knowledge, the only building of its kind, a completely detached structure, built for and devoted to the care of women during confinement at their own homes.

The building has living apartments for five internes, seven students, five nurses and necessary servants. There are three examining rooms for patients, one large waiting room, offices for the reception of calls to cases, and sterilizing rooms for supplies. The institution is in the immediate charge of a trained nurse who has one assistant, also a graduate nurse. These positions are salaried and permanent. The nurse in charge of the Maxwell dispensary stands next in authority to the Superintendent of Nurses, who lives in the hospital and is in charge of the nursing system of the whole institution. Three or four nurses in training also live at the dispensary. These nurses come from the general hospitals of the city and are either post-graduates, or in the last year of their regular training. The service in the institution is three months, one month of which is spent in the out-department, and two months at the hospital. These nurses attend labor cases and do visiting nurses' work in the homes of the patients.

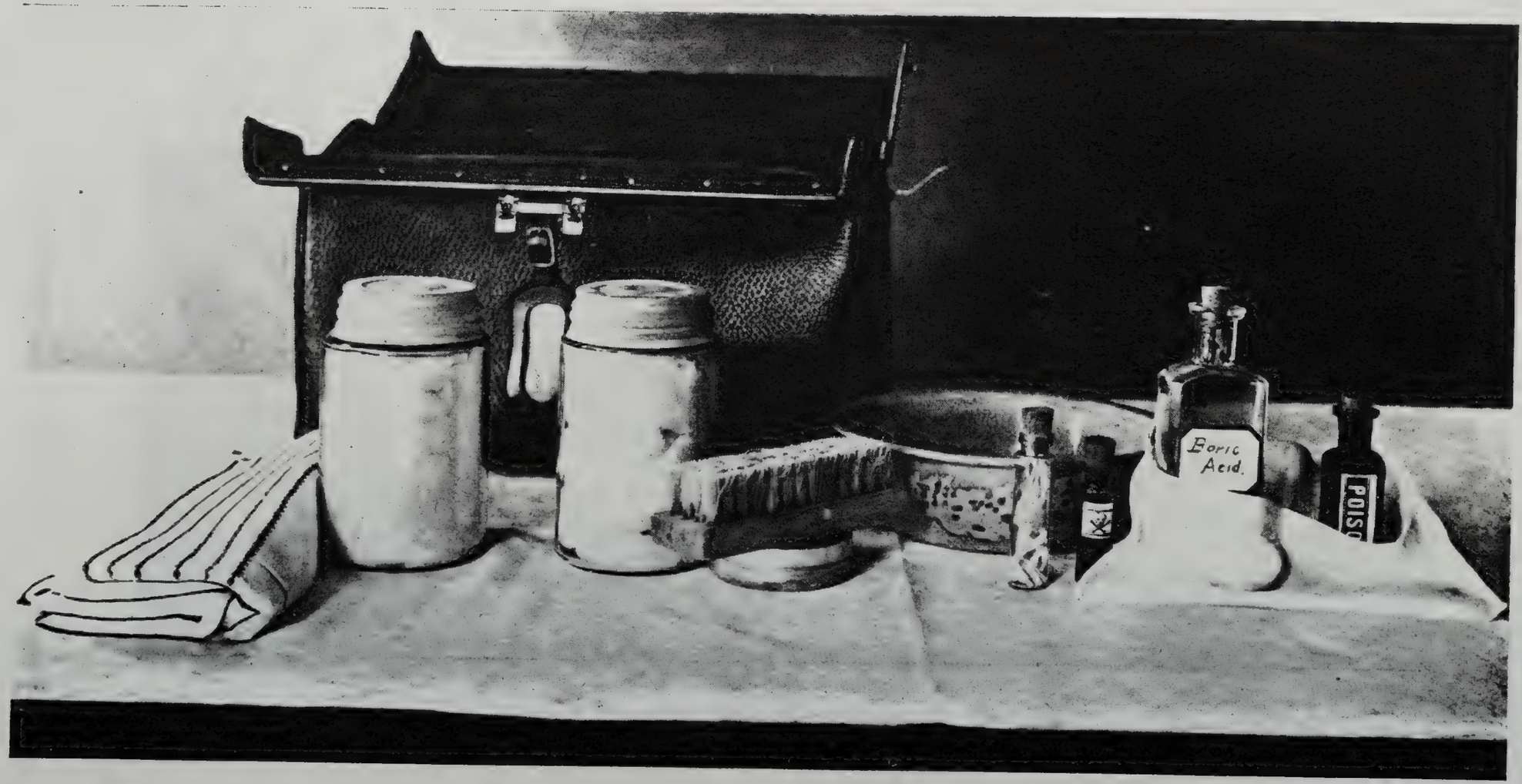
The *internes* are selected by competitive examination and appointment, are licensed graduates in regular medicine, live at the dispensary, devoting all their time to the work. Their service is six months and a small salary is paid in addition to board, lodging and laundry during the latter half of the term. The interne who has been longest in the service is "chief of internes" and has special duties, as follows: He must know the condition of every mother and babe under treatment; he is to lecture weekly to students and nurses on obstetric subjects; he sees that the history sheets and reports are properly filled out; he is sent to examine and assist at pathological cases arising under the care of other internes; he is attending interne at the hospital; he is next in authority at the dispensary to the nurse in charge.



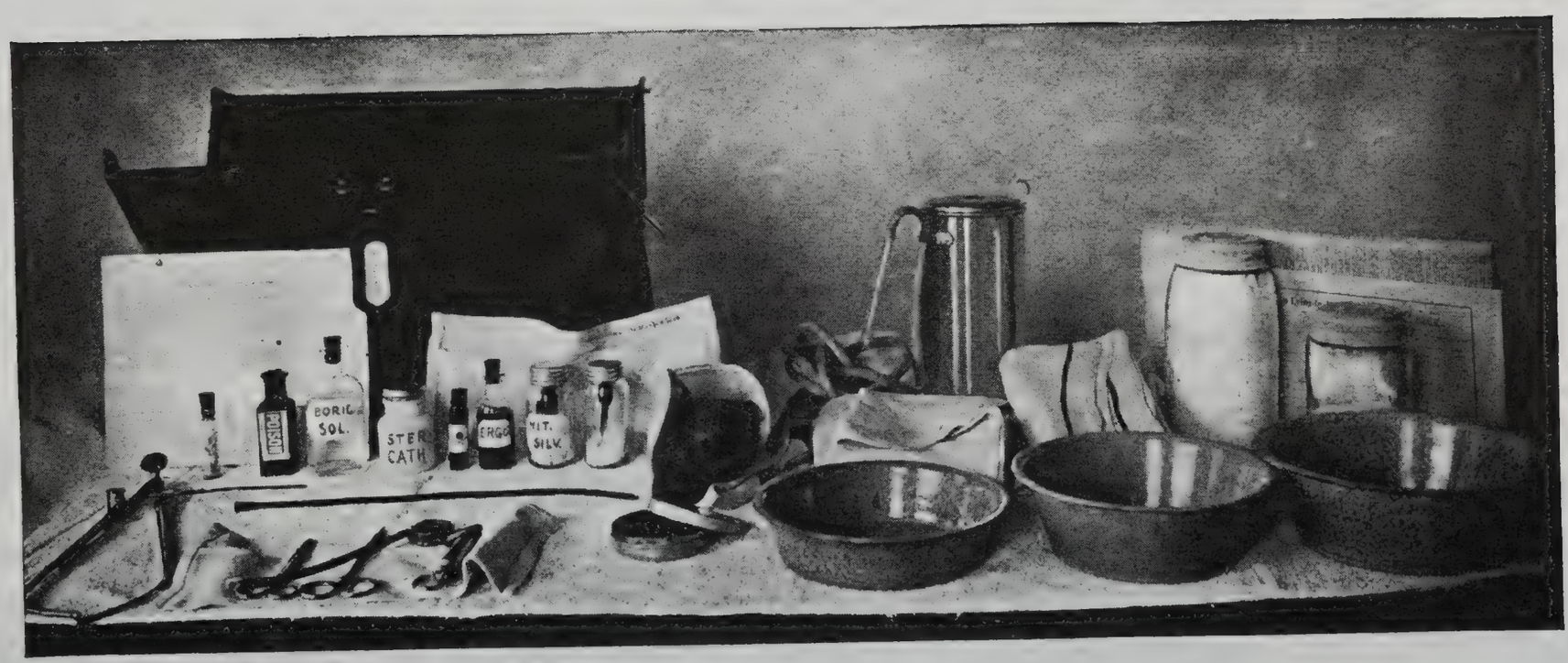
The Maxwell Street Dispensary.



The Examining Room.



The visiting nurse's satchel and its contents.



Doctor's Labor Bag and Contents.

The *students* come from all the medical schools of the city, and a few from out of town. This service is two weeks, for which the student pays $15. These two weeks are spent *in residence* at the dispensary, and the student devotes his entire time to the work. This service forms part of the senior course in Obstetrics at the Northwestern University Medical School. Sixty additional students are taught annually coming from other medical schools. At the present rate of growth of the institution, a few years will enable us to teach twice the present number of students.

The dispensary is open night and day, including Sunday. A medical clerk has charge at night

Briefly, the plan of conduct of the out-department is as follows: The women apply at the dispensary at any time and are enrolled in a large "application book" and given a serial number. An "application card" with corresponding number is issued, with instructions to call the dispensary by 'phone or messenger when labor begins. Owing to the constant rush of work of the staff it has been impossible to make pregnancy examinations on all these applicants, but all cases whose history gives rise to a suspicion of trouble are referred to the writer's clinic soon to be described, and the nurse issuing the card inquires into the patient's general health and gives her short general hygienic rules and advice.

When the woman gets into labor she sends word to the dispensary. The officer receiving the call enters it on a special "call card," stamping it with the electric time stamp. One interne, one student, and one nurse are summoned from their rooms to the office, where a satchel containing everything needful for a labor case awaits them. When they leave the building the time is recorded on the card with the stamp. While most of the cases live around the dispensary, the patient may reside ten miles away, and it is these distances that render the work laborious and costly. The actual technique followed in the labor case will be described in full later.

On the return of the three from the case the "call card" is stamped again with the time stamp and the diagnosis of the case entered upon it. On the next day the patient is visited by the interne, student and nurse, the mother and babe cared for, and their condition entered on the history sheet. During the night the clerk collects all these history sheets and copies, as his "night report," the important points on a special blank, for the inspection of the nurse in charge and the internes the following morning. This night report is also stamped and signed by the attending obstetrician during his visit.

As many as eight cases of labor have been in progress at one time in various parts of the city, and the daily list of post-partum calls has often reached fifty. When any pathologic condition arises in any of the parturients or puerperæ the fact is telephoned at once to the medical director, who, in cases of great gravity will attend in person, or will designate the assistant to whose service the case is assigned. The puerperæ are visited daily for nine days, and oftener or longer if necessary. At the end of this period the discharge and history sheets are filled out describing her daily condition, and the whole record is copied onto a clean white blank for permanent filing and binding. These bound records are at the service of the medical profession.

THE WEDNESDAY AND SATURDAY CLINIC

Twice a week, from two to six P.M., the writer holds clinic at the dispensary. From twenty to forty-five patients are examined on each of these days. The objects of this clinic are: The diagnosis of early pregnancy; examination of pregnant women referred when they seek application cards for home treatment; pelvic mensuration of cases of contracted pelvis; ambulatory treatment of the disorders and diseases incident to pregnancy, especially toxemia or threatened renal insufficiency; treatment of cases of post-puerperal disease and the results of parturition; treatment of diseases of infants during the first weeks of life; gynecologic diagnosis and treatment. This clinic cares for the cases that are really obstetric, yet not actual deliveries, and it is a most important part of the work. The internes and students assist the writer at this clinic and thus their service is rounded out and completed, for there is much more to the obstetric science and art than the delivery of a child.

THE STUDENTS' COURSE

This is of two weeks' duration and is spent in residence at the dispensary. A student who has recently been doing infectious work is not allowed to enter the service. Each student provides himself with a supply of rubber gloves which are used on all cases and in ante- and post-partum examinations and dressings. During the first week he acts as spectator and assistant at the labor cases, and makes post-partum visits with the internes and nurses. During the second week he is allowed to deliver one or more multiparæ and is occasionally sent alone to make post-partum visits. *All deliveries are attended by the interne, no student being allowed the serious responsibility.* The value of this plan to the student is that he learns an approved and successfully tested

technique, and does not accumulate a lot of half-baked ideas from an illy observed individual practice. The value to the patient need not be mentioned, and finally, it is illegal for a student to practice obstetrics, and an institution permitting such practice is open to prosecution.

Most important of all, such ideal practise teaches the student the high dignity of the obstetric art. If a raw student is entrusted with the heavy responsibilities of an obstetric case, not only will he learn nothing of value, but he will acquire a low opinion of his work, one that will place it on a par with that of the midwives. In the writer's opinion, allowing such practice by medical students has done more to retard the improvement of the art of obstetrics than any other single factor.

During his two weeks' service the student assists at such operations as fall to his portion of the cases, and he is present at the clinics on Wednesday and Saturday in the dispensary. Certain labor cases occurring at the hospital are also used for clinical instruction, as also are cases occurring in the service of the writer in the other hospitals with which he is connected. The internes lecture in the dispensary and occasionally the medical director or one of the assistant obstetricians will hold a colloquium. As much obstetrics is crowded into the two weeks as a student can possibly assimilate, and during this time he will have attended six to eleven confinements and made sixty to one hundred and twenty post-partum visits.

THE ADMINISTRATION

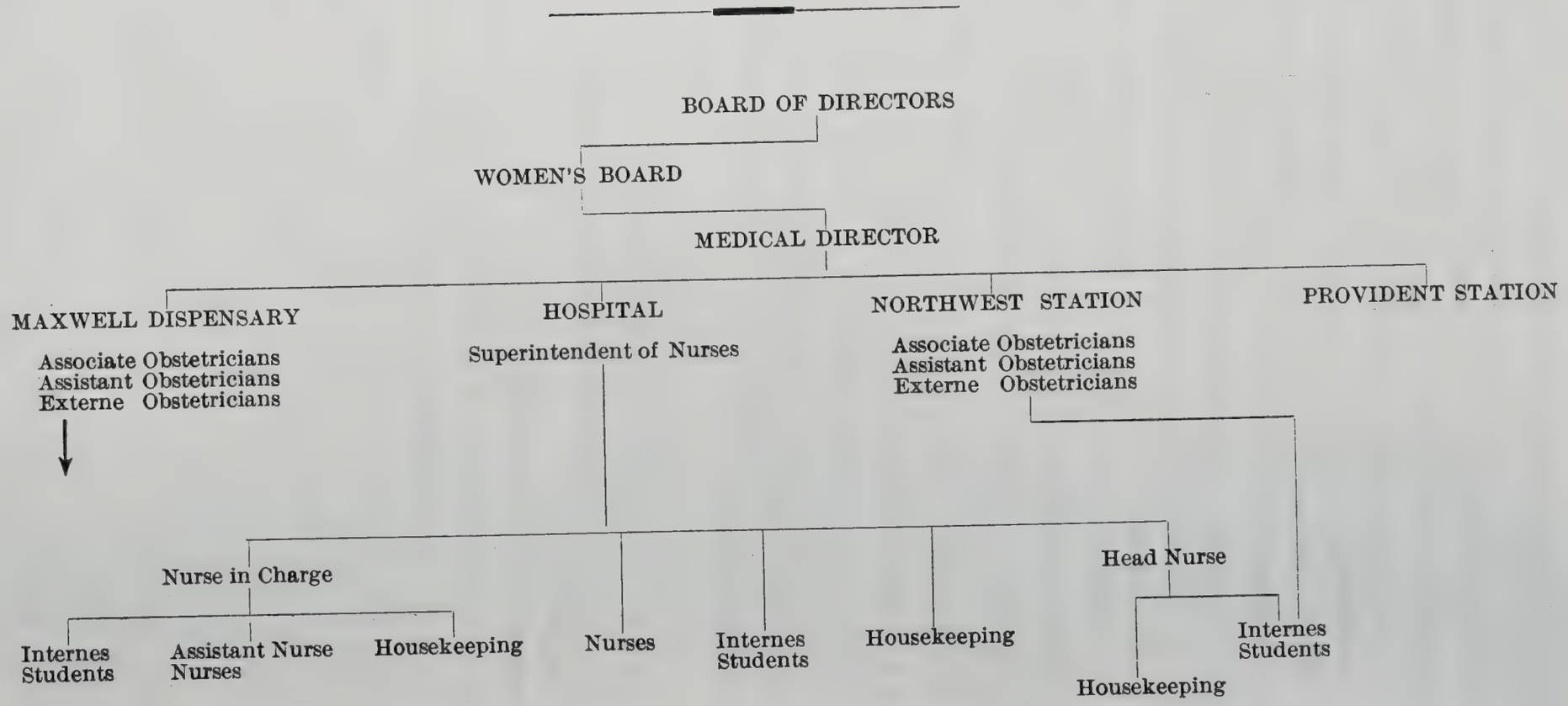
The government of the institution may be read from the following plan. (See page 604.)

The support of the whole fabric comes from the public by annual subscriptions and donations from the charitably inclined. The financial and administrative management is vested in a board of directors. A board of ladies aids in raising money for current expenses and attends to the details of administration, such as the purchase of supplies, repairs, household needs, etc. Fees from students and from pay patients at the hospital bring in about one-half the total cost of running the institution.

The only demand made by the board of directors on the medical staff is that the work done in all departments of the institution be of the highest possible quality. The medical director is an advisory at all the meetings of the board.

The actual medical work of the institution is done by the writer, assisted by two associate obstetricians, two assistant obstetricians and two externe obstetricians. Then come the five internes, assisted by the seven students.

PLAN OF GOVERNMENT OF THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY.



CARE DURING PREGNANCY

It is impossible, for financial reasons, to give all the pregnant women all the care that women in such condition should get. There are on the books about three hundred and fifty waiting cases all the time. Examinations of the urine are made only in suspected cases, and in women who have had urinary trouble in previous pregnancies.

Owing to the immense amount of post-partum work required of the internes and students it is impossible to make routine pelvic mensuration in all cases, but the nurse issuing the application-card to the patient makes regular inquiries into the history of her previous labors, and, in cases of primiparæ, refers small or deformed women to the Wednesday and Saturday clinic of the writer. Thus far very few cases of contracted pelvis have escaped detection. The women, however, will not follow the advice we give, with the purpose to avoid complications at labor, preferring to take their chances at term than to allow us to induce labor before it.

Latterly, the applicants have been supplied with a printed set of rules, reproduced herewith. The results cannot yet be determined, but they should be good.

In some of the cases a pregnancy-blank is filled out, and the writer hopes that the means of the institution will ultimately allow such a blank to be filled out in all pregnancy cases.

At present the patients are instructed in the fundamental rules of the hygiene of pregnancy by the nurse issuing the application card, and referred to the clinic for further attentions.

LIST OF CONTENTS OF LABOR-BAG

Centre of Bag

2 granite pans, about 1 quart size.
1 granite pan, about 1 pint size.
2 clean towels.
1 pair clean leggings.
1 jar cotton pledgets.
1 jar pads with 1 cord dressing.
1 douche-can, with tube and point, sterile.
2 sterile hand-brushes.
1 tin sterile green soap.
1 tracheal catheter.
1 pelvimeter.
1 labor record, child's record, and birth-return.

1 fresh newspaper.
1 box rubber gloves.

End Pockets

1 scissors.
1 artery-forceps.
1 baby-scale.
1 steel measuring-tape.
1 bottle sterilized linen bobbin for tying cord.
1 bottle one per cent. silver nitrate solution, with dropper.
1 bottle boric acid solution.
1 bottle lysol.
1 bottle bichloride tablets.
1 bottle extract ergotæ fluid.

On arriving in the house the interne first acquaints himself with the general condition of the patient and the probable rapidity of the labor. If labor is just beginning, he orders an enema given, and after it has acted he prepares the woman, or if the nurse is present, she does this. The pubic hair is closely clipped and then the patient is washed with soap and water from the ensiform to the knees, and after this with 1 to 1,500 bichloride.

The antiseptic solution is used liberally all over the parts, especially the vulva, but no douche is given.

The bed is dressed with the cleanest linen the house affords, and the patient dons a clean night-gown and wrapper.

Newspapers, clean, and, if possible, fresh from the press, are used under the patient. If there is a supply of towels or sheets, these are placed over the newspapers, but we have found the papers a very useful and satisfactory substitute. A bundle of newspapers is baked in the oven when the opportunity is given to thus sterilize them.

The room is cleared of all unnecessary furniture, bedding, chicken-coops, domestic animals, and litter of all sorts. A side-table or bureau and two wooden chairs are retained. The satchel remains on the kitchen-table, and its contents are spread on the clean newspaper mentioned in the list. Before handling anything in the satchel, both student and interne wash the "street dirt" off their hands. The bureau and chairs on which rest the basins with solutions, cotton-jars, etc., are covered with newspapers, for the double object of keeping these clean and to avoid injuring the furniture of these indigent people. In the absence of a bureau or side-table, two chairs with the ironing-board or a table-board across them answer the purpose admirably.

After the patient is thus prepared, the interne begins the labor

record and having obtained the general information required, proceeds to the external examination. There is a certain method in the performance of this examination, as indicated by the order of the points on the labor record, and the interne must follow this order and teach it to the student and nurse. It is fundamental to the technique of the whole system employed in the dispensary and hospital, and also in the writer's own practice.

In the abdominal examination the interne determines, and demonstrates to the student and nurse, the presentation and position of the child, the nature of abnormalities, the heart tones of the fœtus, and the strength and action of the pains. The size of the child is estimated and noted, then the pelvis is measured, and the general relations of the one to the other are compared and discussed. Now the parturient is prepared for the internal examination.

Near the bed are placed two pans with solutions, one with one-per-cent. lysol, the other with 1–1500 bichloride of mercury. The patient is brought near the edge of the bed, the covering drawn down, and, if there is such in the house, a clean sheet is used to cover the patient. In the absence of a sheet, a clean newspaper or a towel is used. The rules for washing the hands are rigidly observed by both interne and student, and are repeated before each and every examination. The rubber gloves are boiled in plain water for ten minutes and drawn on, wet, after the hands have been sterilized. This is not the writer's method of using gloves, but is necessary in the dispensary practice. We have not facilities to furnish dry sterile gloves. The dry glove, drawn on over the sterile hand, dried and powdered, is, in the writer's opinion, the ideal method. It is practicable only in hospitals and private practice.

In making the internal examination, the points of information are obtained in the order given on the labor record, the reasons for this being for asepsis and system, which avoid the possibility of overlooking important features. The student is now allowed to make an internal examination, under the guidance of the interne, who coaches him and tells him how to find all the structures, etc. The importance of the internal examination is impressed on the student, and he is shown how it is possible to conduct a labor without frequent vaginal exploration.

The progress of the labor is carefully observed by the interne and student. Frequent *external* examinations are made, and the fetal heart tones counted at least every hour. The interne describes the mechanism of labor to the student and nurse as the phenomena of the function unfold before their eyes, and the labor is discussed from all points of view. These colloquia at the cases are of utmost value to student and nurse,

and pass the otherwise profitless time of "watchful expectancy" in a most interesting and profitable manner.

A blank is filled out and sent to the dispensary. These blanks keep the office informed of the condition of all women in labor. A blank is also filled out and sent or telephoned to the dispensary *immediately* on the discovery of any abnormality in the labor.

No internal examinations are now made unless there is some indication, like delayed labor or abnormality in the presentation or position, until the second stage begins. After the membranes rupture, an examination is always made, to determine the degree of dilatation and a possible prolapse of the cord.

The interne, the nurse, and the student stay with the parturient, unless the labor is very slow, in which case the interne returns to the dispensary for a few hours. *No case is left entirely in charge of the student; all deliveries are attended by the interne.* This necessitates the employment of five internes, and is expensive, but it is the only legal and just way of doing obstetrical work.

As the second stage draws nigh, the bed and room are prepared for the delivery. Fresh newspapers replace the soiled ones under the patient, fresh antiseptic solutions are made up, the scissors, artery-forceps, and tape are laid in the lysol solution, and all arranged, with a jar of cotton pledgets, on the side-table as before described. The interne's gloves are reboiled for the delivery. The leggings are put on the patient and she is brought to the edge of the bed, on her side, toward the best light. All patients are delivered on the side, as this is more cleanly, easier to manage in the low beds which sink deeply in the middle, and perineal lacerations are more easily prevented and detected.

During the second stage the vulva and surrounding area are liberally sponged with both lysol and bichloride solutions. The practice of the institution is antiseptic. We attain asepsis by antisepsis, and the writer ascribes the freedom of our patients from puerperal infection to the use of rubber gloves and the antiseptic treatment of the external genitals. In over eight thousand consecutive cases of labor, only one puerpera has died of infection, and fever cases are rare. These results were obtained in the most unfavorable surroundings, amid filth, and often infection. The principle of the "limitation of the field of asepsis" is practiced rigorously. By this is meant that the smallest number of hands, of aseptic basins, of towels, of instruments, enter into the conduct of a case, and that only the vulva and the area *immediately adjoining* are considered aseptic, and both are frequently drenched with antiseptic solution.

The writer believes that most large operating-rooms err in this regard. Too many basins, too many instruments, too many towels, too many hands (assistants and nurses), too many tables, enter into the *sterile* field of work. The number of articles to be sterilized is so large that the chances of infection are magnified. The principle of the bacteriological laboratory should prevail in the operating-room: the absolute sterility of the few articles that come in direct contact with the wound. While all things else are sterilized, they should not come in contact with the wound.

In the dispensary service, instruments for operative delivery are sent to a case only after the interne has decided that intervention is necessary, and thus the percentage of operative deliveries is small—not over four per cent.

The second stage of labor not seldom lasts three or four hours, and only a few times has a child been lost as the result of this waiting policy. The internes are instructed to watch both mother and fetus carefully throughout labor, and report at once to the director if either seems to be in immediate or prospective danger.

The principles for protection of perineum are:

1. Deliver on the side.

2. Retard descent till the elasticity of the perineum is fully developed.

3. Deliver the head in forced flexion, but don't press on the head through the perineum. All pressure is applied to the head directly.

4. Deliver between pains.

The anus is kept in sight throughout, not covered with a pad; and any escaping feces or mucus is promptly sponged away with cotton soaked in one-per-cent. lysol.

After the head is delivered, the parturient is turned on her back for the delivery of the trunk. The student is now given the control of the uterus, with instructions not to massage it, but simply to note its consistency and action.

When three or four minutes have elapsed, or when the pulsation in the cord near the vulva begins to weaken, it is tied and cut about one-fourth inch from the skin. The child is wrapped in a warm diaper and blanket and placed near the stove.

The interne demonstrates the physiology of the third stage to the student and nurse. Both watch this part of the labor, noting the occurrences and abnormalities on the history-sheet. We teach that the third stage is as important as the two others combined. More women die in the third stage.

The treatment of the placental stage by the dispensary is not the active Credé, nor yet the passive expectancy of Ahlfeld. Experiments by the writer in this practice have shown that neither course meets the conditions. A "modified expectant plan" is employed, and the results are good, as we have never lost a case from post-partum hemorrhage, and the number of placenta removals is very small—less than half of one per cent.—and the number of severe hemorrhages is also small. Disturbances in the puerperium due to errors in conduct of the third stage have seldom been noted.

In brief, this is the method of conducting the third stage: As the trunk of the child is passing the vulva the assistant's hand follows down the receding uterine tumor; if the uterus does not contract well, this hand gives it a gentle, evenly distributed massage. As soon as the uterus contracts, the hand is allowed only to rest smoothly on the fundus, to give information of its action. If there is no external hemorrhage, if the uterus remains firm, retracted, does not balloon out with blood, nothing is done. Note is made of the advent of after-pains, uterine contractions, and their effect on the size of the uterus, the hemorrhage, the separation of the placenta, and also of their frequency. Unless there is some indication to interfere, thirty minutes are allowed to elapse before trying to express the placenta. If the signs of separation of the placenta and its extrusion into the lower uterine segment are positively present, the interne is allowed to express the placenta a few minutes before this time. These signs are, the advancement of the cord, the rising of the uterus upward toward the liver, the change in shape of the uterus, from globular to a flattened ovoid, with a sharp fundus, and the presence of a soft boggy mass above the pubis. The change in the tension of the blood in the cord is also noted. When the interne believes the placenta is loosened and lying in the upper vagina and cervix, he asks the woman to bear down, which failing to bring the placenta, he practices "early expression." He waits for an after-pain, brings the uterus to the middle line, having made sure that the bladder is empty; then using the contracted uterus as he would a ball, he presses the placenta out of the vagina with gentle, steady pressure. If the operation is unsuccessful, he has made a mistake in the diagnosis, and waits twenty minutes before making another attempt. If the second attempt fails, then a Credé expression is tried. In this maneuver the uterus is grasped in the whole hand, and, pressing down as in "early expression," the fingers and thumb are squeezed together, forcing the placenta out "like the pit from a cherry." It is rare that a second Credé is needed. In such cases the third stage is abnormal.

If hemorrhage, either external or internal, occurs, the labor is regarded pathologic, and the above method is altered. The uterus is massaged briskly till firm contractions are produced, and if the bleeding continues, the uterus is emptied, by Credé, or, if absolutely necessary, by hand. As was said, such cases are rare.

The membranes are not twisted into a rope, the writer believing that this cuts off the tender chorion, but are *slowly* drawn from the uterus by gentle traction. Sometimes five minutes are consumed in extracting the membranes. Pieces of retained membrane are not removed, unless they give rise to hemorrhage. If a piece of placenta is missing, it is always removed then and there. The antiseptic precautions for such removal, and indeed on all occasions when the uterus is entered, are redoubled. After the delivery of the placenta, with few exceptions, a dram of ergot is administered.

The perineum is now cleansed with an antiseptic solution and inspected very carefully for injuries. Tears deeper than half an inch are sewed up, and the event is made a regular operation.

A roller-towel is improvised for an abdominal binder, a sterile pad is laid over the vulva, the bed is dressed with a clean sheet, and the patient is given a hot drink.

The infant is not bathed, as the facilities for an aseptic bath are never at hand, and also because bathing chills it too much. It is laid on a pillow on a table, near the stove, and oiled all over with warm olive-oil. This is wiped off with a clean towel, then the cord is washed with one-per-cent. lysol and dressed with dry sterile gauze pledgets. No powders are used. The eyes are carefully treated from the moment the face is born. First, the face, forehead, and eyelids are wiped clean with cotton pledgets wrung dry out of one-per-cent. lysol solution; then the lids are flushed with boric acid solution from the bottle; then after the child is dressed, a drop of one-per-cent. nitrate of silver solution is put in each eye, followed by salt solution. Great care is exercised to keep all foreign matter out of the eyes, in delivery and in dressing infant. An infected eye does not occur once a year, that is, in twelve hundred cases.

Before leaving the house, the interne must see to it that the following points are noted:

1. That the uterus is firmly contracted and in normal position;
2. That there is no hemorrhage, either internal or external;
3. That the placenta is positively complete;
4. That all perineal tears are attended to;
5. That there is no hemorrhage from the infant's cord;
6. That both mother and babe are in good condition.

He takes pulse and temperature of the mother, inquires if she has headache (eclampsia), and, in general, satisfies himself that everything is right.

To attend to all these duties, fill up the history-sheet, and repack the satchel requires all of two hours after the child is born, which gives ample time for the early complications, if any, of the puerperium to occur.

CARE DURING THE PUERPERIUM

The post-partum work is considered of equal importance to any other in the service, and careful attention is given the women and babes during this period. The students and nurses are taught to observe the physiological phenomena as they develop in the puerpera and the infant. Knowing the normal conditions, they will be able to recognize the pathological. Puerperal complications are so rare that very few students have the opportunity to study a case of infection or mastitis.

The interne teaches the student what to do and what to observe during the post-partum call, and the nurse shows him how to oil or bathe and dress a baby.

At each visit the points numbered on the post-partum record are elicited and noted. The student thus learns what he should look for in a puerpera. Then the patient is dressed antiseptically and a new pad put over the genitals. Before touching the genitals the student removes the soiled pad or cloth, arranges the patient and bedclothes so that he can reach the genitals handily, and lays a folded newspaper under the buttocks. Then he arranges the basin with 1–1500 bichloride and has the jar of cotton sponges open, near the bed, after which he sterilizes his hands. Gloves are worn if there is an extensive laceration, if the lochia are fetid, and invariably in infected cases. After the antiseptic bathing of the genitals a new pad is applied and the T-binder readjusted. The nurse combs the patient's hair and performs other nursing duties for her, such as a full bath, changing the bed, the enema, etc. In the absence of the nurse, the interne or the student does the best he can with such attentions. Under no circumstances is the interne allowed to give douches or to make internal examinations.

The breasts are supported with a roller-towel or breast-binder. They are washed with soap and water the first day; after that the nipples are bathed daily with boric solution. The patient is instructed how to give them cleanly care, but much cannot be expected of this class of patients. That even this care and advice accomplish a great deal may be deduced from the fact that mastitis is very rare, and when it does occur, it is usually several weeks after the patient is discharged.

The bowels receive close attention during the puerperium, as they have much to do with the smooth recovery of the patient. About forty-eight hours after delivery, one ounce of castor-oil is given. Every day thereafter, at least one alvine evacuation is procured, either by enemata or cascara.

The diet is simple; liquids for twelve hours, semi-solid for a day, then a light diet being ordered. It is impossible to carry out a regimen looking toward the avoidance of infantile colic. The women will eat everything, and often nurse the infant whenever it cries. The rule given for nursing the baby is to do so every two hours during the day and every four hours at night. The patient is allowed to sit up in bed from the seventh day on; she sits up in a chair on the ninth or tenth day, and is allowed to walk around the room as soon as she feels strong enough. In particular cases these rules are modified.

The infant is put to the breast six or eight hours after labor. It is given only water till the milk comes. When the mother is given castor-oil, the infant also receives ten drops as a routine practice.

The navel is dressed daily, with sterile hands. The old gauze is soaked off in 1–1500 bichloride, the stump washed with the same, dried, and dressed with sterilized gauze. No powders are used. If the cord is moist or fetid, it is dressed with fifty-per-cent. alcohol for a few days.

The infant is not bathed until a day after the umbilical stump has healed over. In the meantime it receives a daily olive-oil rub. The head, hands, and buttocks are washed with soap and water from a basin. In summer the oil sometimes macerates the skin, wherefore a sponge soap-and-water bath is then substituted.

The mouth is washed once daily with boric solution, as also are the outsides of the eyelids.

It will be noticed that the care of both mother and babe has been much simplified, the keynotes being cleanliness and non-interference.

If a puerpera has a rise of temperature, the director is notified at once, and if the symptoms point to the genitals, the following is the routine treatment: 1. An ounce of Epsom salts, followed in a few hours by an enema. 2. Fifteen drops each of Squibb's fluid extract ergot and hydrastis canadensis every four hours. 3. Liquid diet.

A sharp investigation of the labor is now made, to determine who delivered the patient, the number of internal examinations, and the condition of the placenta and membranes. If the uterus is, in all probability, empty, no local treatment is instituted. General medical treatment is employed. If there is real suspicion that a piece of placenta has been retained, the uterus is cleaned out with the finger. This opera-

tion has been done only twice in the twelve years' existence of the dispensary. The fever almost invariably subsides in a few hours or days without treatment. It is this experience that brought the writer to look askance at all reports of the successful treatment of puerperal fever by means of douches, curettage, etc. Our women get well quicker without such interference.

Engorged breasts are treated by the ice-bag, restriction of liquids in the diet, and a tight breast-binder. Incipient mastitis, evidenced by pain in the breast, chill, fever, etc., is treated very rigorously. The babe is removed from the breast the organs are bound up firmly with a compression binder, the mother is given a whole bottle of effervescent liquid citrate of magnesia, and three ice-bags are applied to each breast for forty-eight hours. With this treatment, only exceptionally will the inflammation go on to abscess.

For cracked nipples, two-per-cent. nitrate of silver solution is applied in the morning and afternoon, and Wansbrough's lead nipple-shields are worn.

DUTIES OF THE NURSE DURING THE PUERPERIUM

The nurse visits the puerpera each morning, and spends one-half to one hour with her and the baby.

The infant is to be dressed first. The mouth is cleaned, the diaper is changed, and the infant left in as comfortable a place as the house affords, away from drafty cracks or windows, secure from the attacks of flies, mosquitoes, vermin, and other household pests. The infants in this field of practice suffer much from bowel disorders, which are due to improper feeding, too frequent nursing, errors of diet of the mother, the administration of all sorts of teas, as saffron tea for jaundice, camomile, fennel tea, etc. Direct infection of the intestinal tract is encouraged by dirty bottles, nipples, or fingers, flies, etc. The nurse should admonish and instruct the mother regarding these dangers and the manner of avoiding them, though her efforts may not have the desired success through the ignorance, not the unwillingness, of these people. They also suffer much from skin eruptions, which are due to insects, filth, coarse and cheaply-dyed garments, impure soap, or oil used for inunction, wrapping the babe too warmly, and the general unhygienic surroundings. Under such discouraging conditions it is remarkable and commendable that anything like success in treatment can be obtained, but an intelligent nurse interested in her work can do wonders. The writer has seen many evidences of this in his institutional practice.

The nurse each day takes the child's temperature and records it with any unusual symptoms on the record-sheet.

After the infant has been attended to, the nurse gives the mother some care. A full bath every fourth day and daily washing of face, hands, and axillæ are sufficient.

If the visiting nurse must do other work besides obstetric, such as dressing ulcers, abscesses, attending pneumonia cases, the precautions she is required to take are much more rigorous. It would be better if the duties could be dissociated.

The obstetric work must be done first in the morning; the nurse should wash her hands with special care before touching aseptic things and wounds (the navel, breasts, and genitals), and she should sterilize her hands each time after touching an infected case. The use of rubber gloves will spare the skin many of the discomforts caused by frequent sterilizations.

After dressing the patient the bed is made as nicely as possible with the linen available, and the patient's temperature and pulse taken and recorded, together with such other items of interest as the nurse may discover. The nurse also records what services she rendered and the length of time of the visit. She secures sufficient ventilation in the lying-in room, if this is possible, and sees that the litter and accumulated rubbish are removed. She instructs the patient and the family as to the importance of cleanliness in these cases, and tries to obtain for the patient as comfortable and undisturbed a puerperium as circumstances permit.

If an enema is to be given, the nurse attends to this, or instructs some member of the family to do it. If there are sutures in the perineum, the nurse had better give it herself.

In order to do this work well, the articles needed should be taken by the nurse to the case. Fig. 4 shows such an outfit, being the one used by the nurses of the Chicago Lying-in Hospital.

LIST OF ARTICLES IN POST-PARTUM VISITING BAG

One brush and one tin box green soap.
One pan for hand solution.
One jar of cotton or gauze pledgets.
One jar of vulva umbilical pads.
One towel for nurse's hands.
One bottle of saturated solution of boric acid.
One bottle of sterile bobbin for retying cord if necessary.
One bottle of bichloride tablets labeled "poison."
One bottle of lysol labeled "poison."
(All poisons are kept in brown bottles and plainly labeled.)
Extra history-sheets.

RULES FOR PREGNANT WOMEN

1. A woman who is pregnant should consult her physician as soon as possible so that anything in her case that is not right, may be corrected. If she cannot afford to have a physician care for her during confinement she may obtain proper care from the dispensary, 302 Maxwell Street.

2. If the woman has had instruments used, or a hard time, at any previous labor, or if she is small, or deformed, she should ask the doctor to "measure her" and to see if she is in good condition to have a baby.

3. She should report to the dispensary if she has *too much headache, vomiting, trouble with her eyes, swollen feet or eyelids, bleeding from any part of the body, or too much pain.* If she does not pass enough water (urine) she should bring a sample to the dispensary for the doctor to examine.

4. She should eat meat only once a day; she should not drink tea or coffee more than once a day; she should eat fruit, vegetables, cereals, breadstuffs and butter, and she should drink plenty of water (boiled and cooled), milk and buttermilk.

5. She should bathe at least once a week, and take care not to catch cold. Her dress should be warm. She should not wear tight bands around the belly, nor round garters.

6. She must see that her bowels move every day. This is very important.

7. She must go out and walk in the fresh air every day.

8. When the labor pains begin, or if the "waters" should break, send at once to the dispensary for a doctor. Have ready a bundle of *clean* newspapers, and a kettle of hot water. Before the doctor comes take an injection of soap and water to clean out the bowels.

9. Allow the doctor to carry out the rules prescribed by the dispensary for the treatment of patients.

10. This dispensary is intended only for poor women who cannot afford to pay a private doctor for care during confinement. It is supported by charitable donations and those of the patients who can afford to give, should give as much as they can. The money will be used to pay for those who are absolutely destitute, and a receipt will be sent by mail.

THE PREPARATION OF THE HANDS FOR OBSTETRIC CASES

General Rules

1. Keep the hands aseptic as far as possible by avoiding direct contact with infective matter. Use rubber gloves.

2. After all dissections, dressing pus cases, erysipelas cases, or touching the lochia of puerperal cases, sterilize the hands immediately.

3. After attending diphtheria or scarlet fever cases, etc., change clothing, bathe, shampoo head and beard.

Mode of Procedure

1. Coat off, sleeves rolled up above elbow.

2. Wash hands for two minutes in running water, working the soap well under finger-nails and into all creases.

3. Pare and clean finger-nails carefully with blunt instrument. Nails not longer than one millimeter.

4. Prepare patient.

5. Scrub in running water or frequent changes for five minutes. Open out the creases and be sure to scrub well under nails. Rinse and dry.

6. Make external examination.

7. Prepare two solutions, near the bed. 1/1500 Hg. Cl_2—1 per cent. lysol.

8. Scrub for five minutes as before.

9. Wash hands in the lysol solution.

10. Draw on sterile rubber gloves. These gloves must be perfect and are to be boiled for ten minutes. Do not touch fingers of glove with bare hand.

11. Wash vulva with bichloride solution, then with lysol solution, leaving a bit of soaked cotton in the introitus.

12. Now, wet hand in lysol solution and make the internal examination. Be sure the fingers touch nothing on the way. Separate labia widely.

THE foundation stone of the new German hospital on the Mount of Olives was laid recently in the presence of the governor of Jerusalem and many spectators, to the accompaniment of cheers for Emporor William and for the Sultan of Turkey, who gave the land and authorized the construction of the hospital. Dr. Dryander, the court chaplain of Berlin, represented Emporor William and Baron Von Mirch represented the Empress.

"I KNEW a witty physician who found theology in the biliary duct, and used to affirm that if there was disease in the liver, the man became a Calvinist, and if that organ was sound, he became a Unitarian."—*Emerson.*

CARE OF THE TEETH

By JENNIE M. DRAPER
Superintendent of Nurses, Knox County General Hospital, Rockland, Maine.

A NEW era is upon us, that of sanitary mouths. Prevention of dental decay means prevention of disease, not only of the mouth, but many times of the body as well. This is to be accomplished by a system of prophylaxis, which, when once understood by the laity at large, will cause a shrinkage in the sick lists that will prove amazing.

Many of us think we understand how to brush and clean our teeth, but do we? If so, do we take proper care of our mouths?

The pathological effect upon the system of decomposing food in the mouth is just being realized by the medical profession. This statement is not intended to refer to filthy mouths, as the cause of systemic disturbances in such cases has been so apparent that diagnosis was comparatively simple. I refer to those mouths taken care of in a half hearted, disinterested way. Possibly one brushing a day suffices, the breakfast remaining on the teeth until the brushing at bedtime. It is in people with such mouths that systemic disorders have developed, so subtle in their nature that the physician has been baffled to find the reason for such disturbances.

Bacteria of food debris would be quite harmless in the mouth by themselves. Nearly all germ life, in order to become aggressive and virulent, must have a pabulum on which to thrive. This has been demonstrated so often that it needs no argument. It is also a well known fact that the disintegration or decomposition of animal matter is due to the action of microörganisms. Much has been done in the way of experiment to devise some means of destroying the microörganisms found in the mouth, or at least of rendering them inert. Innumerable washes have been formulated and tried, but only with small success. If a powerful atomizer containing a good germicide could be used at frequent intervals, it might be possible to accomplish a condition of inactivity and a great lessening in numbers of germs in the mouth. But an outfit to properly do this work is not practical for all to possess. If it is then not practical to sterilize the mouth is there not some way in which the food can be thoroughly removed? It is on this thought that the principles of prophylaxis are based.

In the average mouth of full dentures, it has been estimated that the teeth present a surface of twenty-five square inches. This would mean

that the surface of the teeth are as great as a piece of glass five inches square. Try and estimate the amount of poisonous products that would generate if such a surface were smeared over with various foods from the dining table and these allowed to decompose, and a fair idea may be obtained of the amount of decomposition that is taking place in unsanitary mouths. Nor is this simile forceful enough, for food in the mouth is in one of the most favorable environments known for activity and virulence of germ life, so that the products generated would be far more numerous, more poisonous, and irritating in their action, than such products from food decomposing in the open air.

The constant dropping of water will wear away a stone, and although some constitutions can and do withstand for years, these poisons generated in the mouth and swept into the intestinal tract with every swallow, yet the vast majority feel the ill effects sooner or later.

Unquestionably the improper selection of foods and the abuse of the use of tea and coffee are the foundation of many of our ills, but most stomach and intestinal troubles will eventually be traced back to the mouth.

Chronic headaches, uremia, anemia, neurasthenia, malaise, constipation, dizziness and coughs, have all been helped and in many cases cured, by oral prophylaxis.

Microörganisms acting on the foods, sugars and starches, produce a solvent, lactic acid, which is the primary cause of dental cares. In children and young people, even up to the age of twenty-five and thirty, dental cares and its various complications are practically the only oral pathological conditions which occur. But after thirty years, the decomposed products of food attack new fields—the peridental membrane, the alveolus, and the gums. In a great degree, immunity from dental cares now ensues, and the seat of action is transferred. It becomes a battle between the peridental membrane and the toxins and ptomaines generated around the neck of the teeth, and by the age of forty the food has usually scored several points against its antagonist. Undoubtedly this occurs on account of the gradual change in these tissues, for it is a rare exception to find receding gums in youth. This change, though scarcely perceptible, seems to mark the turning point from about the thirtieth to the thirty-fifth year. The haversian canals slowly begin to contract, lessening the blood supply to the part, the membrane grows thinner, its vitality is lowered, and its resistance lessened. Can this condition of atrophy be prevented and controlled? Apparently in a great measure it can. These tissues are as capable of development and holding a state of perfect health as the muscles of the body. By a systematic exercise, daily

stimulating the gum-surface with the toothbrush, this condition can in a great measure be avoided.

It would hardly be an extravagant statement to say that fully three-quarters of the people having a bad breath could cure it by the faithful use of the toothbrush and floss silk. But we must realize the importance of using the floss and of brushing the teeth at least four times daily.

The vast majority of people have been told by the dentist to brush their teeth twice a day, morning and night, and they consider themselves indeed virtuous who follow this rule with a fair degree of regularity. The breakfast debris stays on the teeth until bedtime, joined by that of lunch and dinner. Even business men or women can find it possible to brush their teeth during the day, and if the habit is once acquired they will be quite miserable if they neglect it. Five brushings a day is the ideal and proper care for every mouth, four will bring very satisfactory results; anything under this number is rather uncertain.

The first thing in the morning the teeth should be thoroughly brushed with tepid water to thoroughly remove the decomposed mucous and saliva produced in the mouth during sleep. After breakfast the food should be removed with the help of a dentifrice. The thorough removal of grease from the teeth is a chemical action, not mechanical, and requires a solvent such as is contained in a dentifrice. After lunch a dentifrice should again be used, and once again at night, just before retiring, if the brushing has been omitted after dinner. The fact is appreciated that care of the teeth cannot be made one's sole object in life, nor all one's spare time be devoted to the mouth, but such duties soon become habits, and as they are based upon common sense, this extra time and effort amount to practically nothing, and will more than compensate for the trouble it involves.

There is but one way of artificially stimulating the deeper tissues around the neck of the teeth, and that is by stimulating the surface of the gums. Therefore it must be remembered that the gums should be brushed inside and out just as thoroughly as the teeth. If we wish to bring the blood to the back of the hand we would not rub the skin with a slow, deliberate stroke, but would use a fast, vigorous one. The toothbrush should be made to travel as fast as the hand can make it go, and in this way the proper stimulus will be imparted to the gums which, in drawing their blood supply from below, will cause a free and plentiful supply to the alveolus and peridental membrane, and these are the tissues we are after.

With the jaws slightly parted so that there will be room for the toothbrush around the molars, brush the outside surfaces of the teeth

and gums crosswise, then up and down, giving special attention to the last molars. It is not necessary that pressure be used on the gums in brushing, as it will make them sore, so a soft brush is advisable in starting this treatment, at least for the first two weeks. With the brush turned upward, brush the inside of the upper teeth and gums with a forward and back stroke, allowing the brush to travel back and forth across the roof of the mouth, to cleanse this membrane and to stimulate the flow of blood to the small arteries. With every outward stroke the heel of the brush will pass over the inner surfaces of the front teeth. Now invert the brush, and with the thumb held on the top of the handle, instead of around it, brush the inner surfaces of the lower teeth, reaching well down on the gums. Lastly the masticating surfaces on both the upper and lower jaws should be brushed. This system should be repeated at least three times, always with a fast, vigorous stroke, and making sure that the brush is reaching the gums. There are now a part of two surfaces left that have not been reached, the approximal or contact surfaces.

Teeth should be flossed at least once a day, and as the most important brushing is at night, floss the teeth thoroughly the last thing after brushing and then rinse the mouth with water. A waxed ligating silk seems to be about the right size and strength for this purpose. After passing the silk between the teeth, the end held in the mouth should be brought out and the silk pulled out from between the teeth laterally in the form of a loop. This seems to be more effective in cleansing the surface than when the silk is merely snapped out. The question of toothbrushes and dentifrices must be decided individually. By placing a small quantity of powder or paste between the incisors and biting on it, grit can soon be detected. The teeth should be polished daily, not scoured.

We are glad to know that unclean mouths are less common among American people than among those of any other nation. Let the nurse then do what she can to keep her own teeth in a perfect condition and, so far as her profession will permit, to impress others with the necessity of doing the same.

Think what this education would mean in preventing many of the infectious conditions now found and treated by specialists of the throat, nose, and ear; of stomach and intestinal disorders where the products of bacterial digestion in the mouth are being constantly swept into the system. No one would think of eating tainted meat or fish, sour milk, or stale eggs, yet these are but undergoing bacterial digestion, the same that takes place in the mouth improperly cleansed.

SUPERINTENDENTS OF SMALL HOSPITALS

MARY E. GLADWIN

Graduate of the Boston City Hospital; Superintendent Beverly Hospital, Beverly, Mass.

THERE is no class of women workers in this country more over-worked, more under-paid, and more poorly prepared for their work than the superintendents of small hospitals. In most instances the holders of these positions are graduate women nurses because no mere man would consent to assume such great responsibility and to work so many hours for the salary received. Every day the large hospitals are recommending for positions of great responsibility, women who have had no preparation for the work which lies before them. They are often recent graduates, or young women who have been head nurses for some time, and who have never managed even the smallest household. The head nurse of a large hospital ward may manage her ward admirably, and yet have the vaguest idea as to how to purchase hospital supplies or to order the groceries. She sends to the supply room and to the kitchen, lists of things needed after the medical officer has decided what the patients shall eat and drink. The responsibility of the patients rests for the most part with that young man. She keeps order, works hard, may or may not teach the pupil nurses, as this depends upon the kind of woman she is and her ability. Why is she chosen? Because she is a "good ward housekeeper" and chances to be available.

What are her new duties? She goes to a hospital of say twenty-five beds, ten nurses, and five servants. Sometimes she has a housekeeper. If so, the salary is so small, that only a woman of little experience can be obtained. Her assistant is often a recent graduate, ready to give herself without stint to the work in hand but with no special knowledge for her many duties. The management of the storeroom, kitchen, and laundry is made arduous in the extreme by the constant procession of women of various nationalities coming and going out of the back door of the hospital. The trustees know little about hospital work and are willing to leave most matters to the judgment of the superintendent. The hospital is probably dependent upon charity for its continued existence. There are eight or ten physicians on the staff, all of whom must be pleased and met with such tact as she can summon to her aid. The superintendent assigns patients to their beds, sees their friends, and is at the mercy of anyone who chooses to call for her at the door or over

the telephone. She keeps the books, makes out the bills, collects money, pays the nurses and servants and is on call at all times, day or night, for obstetric cases, accidents, or emergencies; often helps in the operating room, gives ether, manages some district nursing, has been known to cook the dinner when the cook "gave notice" suddenly, and occasionally helps wash the dishes, or does a little ironing by way of diversion. She orders all the hospital supplies with such economy as she can master while she is trying to make an inquiring public understand why she has not taught graduate nurses not to put hot things on polished surfaces, and why she has n't provided them with better table manners.

In the abundant leisure left by these manifold pursuits, she teaches three, four or five classes a week, the number depending upon her strength and the amount of her ambition. Is the picture overdrawn? Not one bit. There are scores of women ready to attest the truth of every word. I know a superintendent who gets up at four in the morning upon class days, that being the time when she can study with the least liability to interruption.

Think how much travail of body and mind a woman might be spared by special training for her work; of the cost to the hospital of the experience she obtains, and of the increasing number of young women who are obliged to take a long rest just when their work commences to be of most use to the hospital and consequently to the community.

The Remedy.—Every large hospital should have in its training elective courses in hospital management, hospital buying, and hospital economics. If properly managed these courses could be maintained with very little additional cost to the hospitals. The course at Columbia has done a great deal for us as a profession, but it is not within the reach of all those who are constantly appointed to these positions, and it can not deal practically with all the details peculiar to small hospitals.

We can get what we want in this matter if we are willing to work for it. If we can once provide well-trained women, sure of themselves and their ability from the start, the other difficulties will vanish like smoke. In my experience trustees are very reasonable people, ready to meet one more than half way if convinced that any measure is for the good of the hospital. There is no one thing that needs doing more than this one, or that first and last will be of more benefit to nurses in general. How many of you are willing to help?

"If you are original and enterprising, you will be opposed, but opposition will prevent dullness, and criticism is the whetstone on which a genuine man is tempered and polished."

THE EFFECT OF NURSING ON THE WOMAN WHEN RETIRED

By ANNA E. BETTYS

Graduate of the Farrand Training-school, Detroit, Michigan.

Most readers of the Journal are still in the active practise of the profession and to these this brief paper may seem of little interest, but there are many who anticipate retirement in a few years at most and to this class is offered suggestions which may not be untimely,—for anticipation of future needs is ever helpful in the practice of present economy, which term is used in its broadest sense, for to apply the word to money only is to miss a large proportion of its value.

We have had many a treatise on the work of those whose nursing activities are in the past and scores have demonstrated that various vocations may be successfully pursued, but we purpose in this brief article to speculate on what the woman really is when she has retired—to look into her individual personal life.

One has said, "We are a part of everything we have met," and who has had broader experience in all grades of living than she who, after two or three years in hospital wards, has responded to calls by night or by day to every condition of mankind—rich or poor, in city or country? How with the fleeting years we value the training and practice as, indulging in retrospection, the vigor of forty-five or fifty is compared with that of twenty-five, and we realize that this particular service must be surrendered to others and another life begun, for which the past ten, fifteen, or twenty years have been a preparation. So surely do God's plans unfold for us.

Hospital service, with the early duties of the probationer, furnishes invaluable training for housekeeping, and this is but the opening to the broad experience of private nursing. In no other calling does one enter into the holy of holies of family life, often forming life long friendships, while the beautiful surroundings of the luxurious homes and the not infrequent opportunities for travel are of great educational value.

How many have had infinite satisfaction in ministering to the great middle class, feeling here the implicit confidence and true bond of sympathy existing between the wealthy patient and the nurse.

How does this affect the woman of fifty when, if living with friends, she plays the rôle of ideal maiden aunt, doing the "whatever" as it lies at her hand or as the family purse indicates, and how much is included

in that old-fashioned word; sometimes all manner of, to us, commonplaces.

What if she establishes herself as fruit or poultry grower, masseuse, matron in a home for aged and infirm or in one for young and irrepressible, or in any of the diverging paths which a woman may walk single handed? What is her condition of mind and heart? Is she sighing for the flesh pots of Egypt? Has a decade or two in the life of luxury made her restless under the new conditions?

Has she formed her experiences into ideals and crystallized them so that she can live with them, or are her ideals like lighthouses which shine on us from afar and leave the footpaths in darkness in the shadow of mountainous obstacles?

The right ideals teach us to curtail our expenses to suit the more limited income, to spend less for clothes, make more modest presents, and in every way to suit the outlay to the income.

If the nurse was a student, she found leisure for reading from the pens of great masters, and what resource is more uplifting than the product of great minds which product we have assimilated and made our own? Can we not better fill the common offices of every-day life when through the artist's eye we see "sermons in stones, books in the running brook—and good in everything;" when we can use the former experiences of our lives as a great social leveller, a bridge between the wealthy and the common people, and with taste cultivated amid artistic fancies furnish our hall bedroom, tiny flat, or modest house so that it shall speak of knowledge not all learned in schools? If we set our own table, thus escaping the, to many, inevitable boarding house, our viands shall savor of French chefs; and the linen and china, not of foreign import, may suggest the refinement of a woman who has seen much of the best and who through this has learned to adapt herself to what she can maintain.

If this ideal woman has not too long pursued her chosen calling she will again gather up the threads of social life, renewing, if possible, old friendships and at the same time not forgetting the stranger within her gates.

If, with nursing life, philanthropic interest has been developed, the opportunities in this line will not be neglected, and so long as we are in the world so long may we see a creature more needy than ourselves. "Let us then do good unto all men as we have opportunity."

These words from the pen of Van Dyke form a fitting closing:

> "Let me but do my work from day to day,
> In field or forest, at the desk or loom,
> In roaring market place or tranquil room

Let me but find it in my heart to say
When vagrant wishes beckon me astray,
'This is my work: my blessing, not my doom,
Of all who live, I am the one, by whom
This work can best be done in my own way,'
Then shall I see it not too great nor small
To suit my spirit and to prove my powers;
Then shall I cheerfully greet the laboring hours,
And cheerfully turn when the long shadows fall,
At eventide, to play and love and rest,
Because I know for me my work is best."

NURSING IN MISSION STATIONS: INDIA

THE Mary Taber Schell Memorial Hospital of Vellore, India, which is now in its fourth year, issues an interesting illustrated report of its last year's work. The hospital and dispensary are in charge of two women physicians assisted by a trained nurse, Miss Lillian M. Hart, as superintendent of a staff of eleven native women who are in training as nurses, and of two who are in the compounding room. The hospital has a capacity of forty-two beds and admitted eight hundred and sixty-five new patients during last year. It contains a European ward for the use of missionary and civilian ladies which has been occupied the greater part of the year. Over thirty thousand "out-patients" have been treated. Many important operations are performed in the hospital, and the picture of the operating-room shows as commodious and well-kept a place for work as one could wish. Some of the patients who are unwilling to remain in the hospital are operated upon in the dispensary and are taken to their homes a short time after recovering from the anesthetic. The dispensary is open from seven to twelve A.M. and from three to five P.M.

In the morning the patients are seen free of charge, except that they put half a cent into a box for the purpose, to pay for their chit, a small piece of paper on which is written their name, number and date for reference when they are to come again. In the afternoon a small fee of about sixteen cents is charged, so very few come at this time, but when they do they are seen more carefully and there is time for a little personal talk with them. As each one makes her final visit she is encouraged to place a thank-offering in the charity box, and all who can are asked to pay for their medicines. The amount thus obtained has increased with each succeeding year.

Some of the difficulties encountered in the dispensary work are described thus:

"You who in the homeland read this will, I fear, in thinking of a dispensary, think of the quiet, orderly institutions as they are at home, where there is a clerk to receive each arrival, give her her number for the day, and direct her to the right room, to the door of which they quietly go, sit down and await their turn to be seen. There are several rooms for the various kinds of diseases and a doctor for each room. Not so here. Although there is some one to give out numbers, she usually gets them mixed up, or the people rush by if they can, four or five of the family with each, and they all must talk at once and each one who comes pretends that she cannot possibly wait at all but must be seen at once. While some one is trying to keep order at one door behold a whole flock of white-robed creatures enter at another (the Gosha door for purdah women only) and we are surrounded at once by a lot of chattering Muhammadan women. As these are fewer in number than the Hindus we cannot afford to devote a door keeper for them, so they come in unchecked, and although the doctor may be talking seriously with another patient, unless quieted, they will all begin to talk and keep it up till they are heard. We are so glad to have one with us who fully understands their language and can speak to them and quiet them at once. There is a time in the morning when a large number arrive about the same time, so that one's nerves are pretty well tried by the time a hundred have been seen and sent on. The trouble of it is they are not content to be seen only once and sent on, but must come back to tell of things they forgot, or to ask questions they have or have not asked before and to have directions repeated to them not less than six or seven times. Sometimes when we laugh at them or scold them they only say, 'We are only women, how can we remember and understand all you say, you must come and talk to the men,' and then nothing must do but that the doctor leave her seat and go out where the men are and repeat everything necessary to be told once more and to hear once more a full rehearsal of all the subjective symptoms and then they are usually satisfied for the day."

Miss Hart reports that the progress of the nurses in practical work has been fairly favorable, but owing to fever she has not been able to carry on much class work. Considering the difficulties to be overcome and their nationality, their improvement as nurses has been wonderful. The day's work begins at six forty-five A.M. and is finished at seven P.M. with a period of two hours off duty for each nurse for rest and food. The nurses have their holidays during the cold season when the hospital work is slack.

ST. LUKE'S HOSPITAL, Philadelphia, Pennsylvania, has recently opened two new wards, one for surgical, and the other for obstetrical cases. These additions are in two buildings, one story high, connected with the main building by corridors. Each contains sixteen beds and has a sun-parlor.

"CHARACTER is nature in the highest form."

ENFORCEMENT OF STATE REGISTRATION FOR NURSES IN VIRGINIA

BY S. H. CABANISS

For something over three years, the State Examining Board for Nurses in Virginia has been trying to demonstrate to its satisfaction and the weal of nurses, and the public, the practical value of the "act to regulate the professional nursing of the sick" in this State. Profitting by the experience of our brethren, the medical and legal professions, the bill was made as broad and liberal as possible, with the understanding that after reasonable actual test it could be revised or amended. Nevertheless, all suggestion of subsequent amendment, with the exception of such requests from members of the Nurses' State Association, has been resented and combatted as an interference with technicalities distinctly our own. From the very start, the movement for State Registration of Nurses had very strong support and encouragement from all of the most prominent medical men in our State. The fact that they were fighting over some old battles of their own, at this time, perhaps made them doubly sympathetic and helpful. This also carried some weight with the law-makers, since they had previously found our medical champions very capable lobbyists. Our legal adviser was an experienced lobbyist, a very prominent lawyer and the husband of a very popular nurse. For these reasons, his fitness and value in this position are readily obvious. He was retained as counsel for the state board until his removal to the North to accept a partnership in a well-known law firm of Philadelphia. The most enthusiastic supporters of the bill in the Assembly were eminent lawyers, several closely allied with physicians of note, and in nearly every instance, men who, of their own personal experience, knew the unlimited possibilities in home or hospital practice of the nurse.

These factors, or conditions, have facilitated to a greater or less degree the work of the state board. They tended to increase its civic as well as its professional, status and importance; gave it, so to speak, a sort of prestige in the commonwealth. Many people for the first time, came to regard nursing as no longer a *trade,* but a *profession.* However liberal the terms of the Act, all who are acquainted with it—and few are not more or less so—realized that it set up an educational standard for nurses which, sooner or later, would become compulsory in Virginia.

The Maryland law is more recent, and has in some ways improved upon ours, especially in its terms of allowing non-graduates, or such as

graduated from schools giving less than the required time of training, to supplement this with additional training, since the enactment of this law. The law in Virginia allowed but one year from the time of its enactment in which nurses might apply to register without examination. This is an extremely short time; but in view of Virginia's geographical and professional position, she was obliged to protect herself from such tremendous cargoes of professional "driftwood," most of which formerly heading our way, from all accounts, now take refuge in the unprotected District of Columbia, all of whose border states now require registration. Another objection, or incompleteness in the Virginia law is the absence of any consideration of the insane hospitals. This was due to the fact that such nurses were, at that time, known as "attendants." The State Hospital Commission is now arranging better general training for its nurses which will enable them to apply for state certificates with examination.

Owing to the prevalence of small, not "special," hospitals in Virginia, it was deemed best to require *at least* two years of training in a hospital giving a systematic course of instruction. This has led to some disagreeable experiences with applicants, who claim to have left recognized schools for cause but have *graduated* from correspondence schools in order to claim diplomas.

The board is given considerable liberty and authority, being permitted to draw up its own rules and regulations, provided they are not inconsistent with the provisions of the Act. Members of the board are appointed by the Governor of Virginia, but the nominations for such office are made by the state association from its own members. We feel that we are much to be congratulated upon securing a board composed entirely of nurses; to this there has never been the slightest opposition. Such coöperation has the registration movement received, that our present legal counsel is no less a person than the Attorney-General of the state, but this may be due as much to the proverbial chivalry of gentlemen of Virginia as to the esteem for state registration. The conditional affiliation of schools has been tried in some localities to enable pupils to acquire requisite experience and instruction. An effort is being made to secure better facilities for instruction in domestic science, especially dietetics, for pupil-nurses. Owing to the size of the state and the long distances between the various centres of nursing schools, there has been considerable difficulty in arranging details of such a plan with any of our colleges for women, in which a course of domestic science is established.

The nurses in Virginia register, as a rule, without any difficulty; but in so doing, they expect *immediate* protection from all professional

ills and grievances, such as dismissed pupils on private duty at equal rates as R.N.'s, and many like woes. It has very recently been conceded that desire for financial gain cannot be the *raison d'être* for the board in Virginia. As the days go by, more and more cordial and universal support comes to us from the nursing profession and upon this depends the extent of state board usefulness. Going back a little more than one decade, the age of systematic education of nurses in Virginia, there is much to encourage us, our nurses having filled most creditably, positions of trust in older and larger hospitals in other states.

Boards of health and others of the medical profession rely upon us for the successful establishment of many enterprises for public safety. We are welcomed as members of the learned professions; and the people begin to see us no longer as a band of mere wage-earning women, but as their intelligent friends, ever battling courageously for their well-being and health in the most skilful manner known to modern science.

At its last meeting, the state board decided to furnish all registered nurses in Virginia with a small washable badge to be worn when on duty; a simple band bearing the letters R.N. and Virginia. The board will also request all telephone and city directories to use the title R.N. instead of trained or graduate nurse as heretofore. In this way it expects to help to educate the public in differentiating between nurses of whom they demand first class service and skill, and others, of whom they may expect but little. This must soon render the expressions trained and graduate nurse entirely obsolete.

The hospitals are bending their energies to meet the requirements of the board and, while improvements come slowly almost everywhere, and limited finances lessen their pace very materially in the south, yet the *spirit* is here which, after all, is the true capital. School inspection, which we find essential to fair and faithful work by the board, has just been begun. When completed, we shall know better what to demand of the schools and how to advise improvements. Without this information much injustice is being done all concerned.

"HUMAN life is made up of two elements, power and form, and the proportion must be invariably kept if we would have it sweet and sound. Each of these elements in excess makes a mischief as hurtful as its defects."—*Emerson.*

THE RELIEF HOSPITAL of Brockton, Massachusetts, which has been occupying a house, is soon to have a new three story hospital.

REGISTRATION FOR NURSES IN COLORADO: A HISTORY

BY LOUIE CRAFT BOYD

THE history of the world shows that people have massed themselves together to accomplish the ultimate good for all, and the profession of nursing is no exception to test the axiom that "in union is strength." If necessary in the beginning of things, and this one accepts as a fact, how much more so is it during the months and years when the perfection of the whole is in process of construction; when the progress, necessarily slow at times, seems no progress at all! This is the time during which each is put to the test and the result shows a fault-finder—a destroyer of every good thing—or one farsighted and noble enough to be loyal and true to the best interests of the work in hand.

About six years ago, the subject of legal registration for nurses was brought to the attention of the Trained Nurses' Association of Denver and two of the members compiled questions relative to the matter which were freely discussed in connection with the pros and cons of how to introduce and carry a bill through the legislature, but owing to intense opposition from many of the nurses the whole subject was dropped indefinitely. In the course of time, the necessity for registration became so strong that in May, 1904, the Colorado State Trained Nurses' Association was incorporated, primarily to have a bill prepared for the registration of nurses and to further its passage through the legislature. From the association's incorporation until November, 1904, all the work of organization was accomplished.

On November 10th, 1904, a special meeting of the association was called to decide the momentous question: "Shall a bill for the registration of nurses be placed before the coming session of the legislature?" When put in the form of a motion this was carried unanimously and the legislative committee vested with full power to select a lawyer to draft a registration bill and to incur any expense necessary to further the passage of the measure. On December 30th, 1904, the state association held a special meeting to hear and discuss the bill as drafted for presentation to the fifteenth general assembly. During the time preliminary to the convening of the legislature there was not only the drafting of the bill to be attended to, but writing to and personally visiting the different members of the legislature and their friends, as well as keeping the nurses informed concerning the progress of the work.

The bill introduced was similar to the Maryland law and, as its

numbers show, was presented early in the session; No. 9 in the Senate and No. 32 in the House. As the House took up the consideration of its bills first, a hearing on No. 32 was soon granted by the Committee on temperance and medical affairs. This committee made unsatisfactory amendments to the bill and, despite reasons to the contrary, retained them, reporting the measure out to Committee of the Whole. Some of the members of the legislature were not seen, owing to our ignorance concerning legislative methods, and their knowledge as to the best way to evade the ever-present lobbyist. Those who were seen, though, promised to give the bill every attention.

On February 1st, 1905, the bill came up for second reading in Committee of the Whole and before long it looked as if nothing would be left to show for the efforts of the state association, but in the midst of the proceedings, and before numerous proposed amendments could be acted upon, the committee arose. They objected to and cut up the application section to such an extent that, through the kindness of one of the members, we asked to have it stricken from the bill, though the major portion of it they allowed to pass in section 1 covering the members of the board. One member proposed striking out the provision for an examination, saying that nurses with diplomas should always be registered without examination, but gave in when convinced that training-school diplomas failed to show uniform methods of training for nurses. Had he persisted the value of the registration bill would have been vitally impaired. Much personal work was done before the next day and the result of this labor was shown the next morning when one of the principal opponents of the day before simply moved to take up and finish house bill No. 32. Owing to the kindness of two members of the House —one of whom, though a member of the committee which reported unfavorably on the bill, very kindly said he would offer any amendments we wished in Committee of the Whole and faithfully fulfilled this promise—some amendments were made and carried, and the bill passed its second reading in fairly good, recognizable shape. On its third reading there were only six against the bill and ten against the emergency clause. The senate committee, the chairman of which was a Christian Scientist, voted unanimously to report the amended house bill out to Committee of the Whole with recommendations that it pass. It was on the senate calendar from February 20th to March 31st, 1905, when the usual favorable motion prevailed and it was passed in Committee of the Whole. On April 1st it passed on third reading by a unanimous vote and Governor McDonald signed the bill on April 11th, 1905.

Considering the fact of a gubernatorial contest, which lasted from January 10th to March 22d, during which time the legislature held only a morning session for business, the afternoon being given over to the contest, and that seven hundred and eighty bills were presented, less than two hundred being passed, the nurses of Colorado have every reason for being thoroughly satisfied with that winter's work in the legislature.

It is too soon to state definitely what it has brought to us, but the remark of one of the senators after the passage of the bill conveys a hint of its value to nurses generally: "Now, you are a profession." A legal standard always tends toward the betterment of a profession and to prove the truth of this statement one only needs to note the upward growth of the professions of law and medicine since their legal enactments, hence the aim of registration for nurses is forward and its objects, the future nurse and her school.

Those states having legal standards should make every endeavor, by the affiliation of their schools, to fix a minimum uniform standard for the training of nurses, taking thought that this standard in no way exceeds the material which the state affords. This in turn will necessarily bring uniform laws governing the registration of nurses. Further, all those states, the provisions of whose laws are uniform, should endeavor to recognize this fact by reciprocity, issuing certificates to registered nurses without examination.

Adverse legislation is always a possibility at any and every session and as nurses can hope to counteract or defeat such efforts on the part of their opponents only by being "instant both in season and out of season," therefore, they should realize the importance of their law and accept it as their duty to maintain a constituent's acquaintance with those members of the legislative body who act as their representatives, thus stirring up and keeping alive their interest in nursing as a profession.

"If the power to do hard work is not a talent, it is the best possible substitute for it. Things don't turn up in this world until somebody turns them up. A pound of pluck is worth a ton of luck. Luck is an *ignis fatuus*. You may follow it to ruin, but never to success."—*Garfield.*

The term immunity signifies "that condition in which an individual or species of animals exhibits unusual or complete resistance to an infection for which other individuals or species show a greater or less degree of susceptibility."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE USE OF AMMONIA IN COUNTERACTING THE FUMES OF FORMALDEHYDE.—In an article in the *New York Medical Journal* Dr. E. V. Wilcox advocates the use of ammonia to neutralize the fumes of formaldehyde when used for purposes of fumigation. In his experiment the sick room, which had been occupied by a scarlet fever patient, contained fifteen hundred cubic feet of space. Two quarts of methyl alcohol were consumed in a formaldehyde generator and three pounds of commercial formaldehyde were exposed on sheets. As soon as the room had been ventilated sufficiently to make it possible to work in it, three pints of ammonia were sprinkled over the rugs and bedding and the room was closed again. The fumes of formaldehyde were completely destroyed in half an hour, except when it had been spilled on the floor and left an incrustation. The application of ammonia to these spots caused the odor to disappear at once.

WRITERS' CRAMP.—*The Medical Record,* quoting from *Archives de Neurologic,* says: "The following plan was successfully used by Hartenberg to cure a case of writers' cramp. The patient, who had suffered from the condition for about fifteen years, was instructed to apply a rubber tube firmly around the biceps for twenty minutes at a time every morning and evening. At the end of a few weeks the patient had almost entirely recovered."

RECTAL FEEDING.—*The Wisconsin Medical Journal* says: "Becker proceeds in this way: The number of meals in twenty-four hours should not exceed two, one meal in the morning and one late at night. One hour before the morning meal a suppository of opium and belladonna is introduced, and then an hour later the rectum is carefully cleansed with lukewarm water to which some salt is added—it need not be physiological salt solution. The temperature of the cleansing water should range—like the other things introduced into the rectum—from 42 to 45 degrees centigrade. It should be introduced into the rectum with

moderate force in moderate quantities, say 150 c.c. at a time, and the tube should remain in the rectum for the return of the soiled water. A good-sized rectal tube should be used for the cleansing, and the tube should have a rather wide lumen, and should not be too flabby. The introduction and the letting out of the water are repeated until the water returns absolutely clean. Then the tube is turned and pushed in and out several times to ascertain and insure that all the water, or at least as much as possible, has left the colon and rectum. Now the patient is given a short time of rest, say fifteen or twenty minutes, after which the rectal meal is introduced. The same rectal tube is used and is introduced about 15 c.m., and then the meal, 200 c.c., at most 250 c.c., is slowly introduced at a temperature of from 42 to 45 degrees."

Poison Ivy.—Dr. C. G. Am Ende says in *The Medical Record:* "Since there is apparently much doubt as to the best method of treatment of the dermatitis of rhus poisoning, the information may be of interest that in the powdered crude sulphur of the stores we possess a remedy everywhere obtainable and usually promptly successful. Its application is best made by mixing it with a little water, and perhaps a few drops of glycerin, this to be rubbed over the affected area two or three times a day. Next best is its use mixed with just sufficient lard to bind it. As to the time of activity of the poison I remember a patient who infected himself in early spring before the appearance of the leaves by tearing out roots in a clearing for garden culture."

When Should Laparotomized Patients Be Allowed to Get Out of Bed?—*The American Journal of Surgery,* quoting from a German journal, says: "In Landau's gynecological clinic in Berlin, with which the author, Karl Hartog, is connected, the patients are allowed to get up on the fifth to the ninth days after abdominal section. The advantages claimed are: 1. More rapid convalescence. 2. Elimination of lung complications. 3. Improvement in the digestive functions. 4. Lessened risk of thrombus or embolus formation."

Cheap Surgical Dressing.—*American Medicine* makes the following statement: "Military journals say that at a cost of twenty-four cents Japanese doctors can dress the wounds of five hundred men. They use a finely powdered charcoal obtained by the slow combustion of straw in closed furnaces. Sachets filled with it are applied to the wounds, and its antiseptic and absorbent qualities generally effect a rapid cure."

THE TYPHOID BACILLUS IN THE URINE.—*The New York Medical Journal,* quoting from the *Glasgow Medical Journal,* says: "It is not a little remarkable that a complication of typhoid apparently permitting of such easy proof was only made known so recently. Before a few years ago the danger of the spread of infection by the urine was scarcely taken into consideration. It is now fairly well established that the bacilli appear in the urine in about one-fourth to one-third of all the cases. Their appearance in the urine is at earliest towards the end of the second week; usually later, and most frequently not till convalescence. The bacilli may be so few in number in the urine as to produce no evident change in its physical character. As a rule, however, they appear so suddenly and in such numbers as to render the urine cloudy. The number of typhoid bacilli excreted in this way is enormous. Petruschky found more than one hundred million per c.c. Their appearance may coincide with the presence of some albumen and even a slight amount of blood. On the other hand, the shedding of the bacilli may be attended with very severe kidney disturbance, marked by profuse and long continued hemorrhage. The bladder in the majority of cases remains unaffected, and, indeed, the bacilli may continue to be shed in enormous numbers without giving rise to any subjective discomfort. This lightness of the affection causes the condition to be overlooked, and in this way the spread of the disease is facilitated."

INGROWING TOE-NAIL.—*The American Journal of Surgery* says: "It is doubtful whether the classical operations for ingrown toe-nail cure permanently in even a fair percentage of cases. Conservative treatment will usually accomplish as much, even in the presence of granulating masses. This treatment includes drawing the flesh away from the nail with a strip of adhesive plaster, insertion of a gauze packing under the nail edge and the application of an absorbent antiseptic dressing."

CLEANLINESS OF EAR.—The same journal states that "in fractures of the base of the skull with bleeding from the ear it is necessary to keep the auditory canal absolutely clean in order to prevent infection of the meninges."

INSECTS AS TRANSMITTERS OF DISEASE.—*American Medicine* says: "The spreading of disease by insects is now proving to be much more common than was believed to be the case but a year or two ago or even a few months ago. The greatest attention has hitherto been given to

those diseases wherein the insect acts the part of a secondary host in whom the parasite undergoes some kind of change not possible in man—malaria, yellow fever, filaria, Texas fever, etc. It is interesting to find increasing attention being given to the possibility of the mechanical transmission of infective organisms from man to man by means of the commoner insects, flies, bedbugs, roaches, and fleas. There is no reasonable doubt that in recent wars flies were responsible for the transfer of typhoid bacilli from open lactrines to foods which were not screened. A revolution in the care of the sick necessarily results in private practice as well as in hospitals. It is evident that each infective patient must be carefully protected from flies and other insects, otherwise he is dangerous to every one in the immediate neighborhood."

Site of Subcutaneous Injection.—*The Medical Record,* quoting from *Deutsche Medizinische Wochenschrift,* says: " The axilary regions are recommended by Klose as being the best situation in which to inject antitoxin or similar preparations, as the skin is freely movable, is well padded with fat and connective tissue, and the lymphatics are well developed."

Bichloride Gauze.—*The Clinical Review* is responsible for the following: " According to Powell, the following is a convenient method of preparing this surgical dressing: Take ordinary cheese-cloth and boil in water made alkaline by the addition of common washing soda; wring the cloth out in hot water; boil again in plain water; then run through a bichloride solution 1 : 200 and pack away moist in sterile jars. This gauze, immediately before using, should be wrung out in a solution of bichloride, 1 :1000."

Vinegar as a Hemostatic in Gynecology.—*The New York Medical Journal* says: " Gilly (*Gazette de gynécologie,* January 15, 1907) reminds obstetricians that in every cottage there is a valuable hemostatic which can be utilized in an emergency. A pint of vinegar, a tablespoonful of table salt, and a couple of clean handkerchiefs, are always at hand. In a profuse hemorrhage following a miscarriage or after labor, the patient is made to drink half a glassful of pure vinegar, and the vagina is tamponed with the handkerchief moistened with the vinegar and salt. This is done with the patient in the obstetrical position lying across the bed with her head low, the thighs and legs strongly flexed, and the hips at the edge of the bed. The vagina is cleared of clots before introducing

the tampon. The bleeding stops immediately, but the patient is kept for a time in this position until reaction takes place, which is hastened by an enema of a quart of normal salt solution. The simultaneous internal administration of vinegar by the mouth, he regards as an important aid to the local hemostatic. This agent, although having a flora of its own, is known to be bactericidal to pathogenic varieties of microörganisms. It may be given in its ordinary state, or, if there is time, it may be filtered and boiled previous to use."

Relation of Birth Rate to Population.—*The Medical Record* says: "In a recently published report on British vital statistics, the Registrar-General, Sir William Dunbar, expresses the opinion that moderate birth rates, associated with low mortality among children, may be more effective toward keeping up the population than high rates associated with high mortality. He asserts that a high birth rate does not necessarily involve a larger effective addition to the population than does an average or even a low birth rate. In too many cases high birth rates are associated with excessive sickness and mortality during the first few years of life, the result being that fewer than the normal proportion of children survive for five years, while those who do survive have fallen below the normal standard of physical fitness. The statistics gathered have led to the conclusion that during the past thirty-five years about seventeen per cent. of the decline in the birth rate was due to a decrease in the proportion of young married women. About ten per cent. was due to a decrease in illegitimacy, while regarding the remaining seventy-five per cent. of the decrease, although a proportion was due to reduced fertility ascribable to changes in the age and constitution of married women, there is little doubt that the great part was due to deliberate purpose."

"The value of work has been so emphasized of late that it might be superfluous to more than mention it here. There is no truer saying than that 'the devil finds work for idle hands to do.' You will always find something to busy yourself with if you look sufficiently earnestly. Systematic, conscientous work is the only highway to success. 'If you wish to be happy and contented, work. If you wish to help yourself, work. If you wish to help others, work. If you wish to keep out of mischief and bad habits, work. If you wish to be prosperous, work; and when you do not know what else to do with yourself, just turn in and work.'"

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE PARIS CONFERENCE

In completion of the programme as published last month—which, on account of the necessity of going to press on a certain day, was not entirely in order—we are now able to add to the papers for the first day on Nursing Education, one by Dr. Rist, of Paris, entitled "What Remains to be Done." On Wednesday, to the papers already announced, will be added one by Dr. Dubrisay, on "Maternal Aid;" "Germany's War on Infantile Mortality" will be presented by Sister Erna Weydemann, of the Düsseldorf hospital, and one of the members of the German Nurses' Association; and on Thursday, under the head of Professional Organization, Sister Charlotte von Cämmerer, also one of our German members, will describe the "Nurses' Registration Act of Germany."

The "History of the British Journal of Nursing and the British Nursing Press" will be read by Miss Mary Burr, whom the American nurses met in Berlin,

Those who have been invited to open discussions are: Miss Mollett, who will take up the papers on education; Miss Edla Wortabet, those on public and social responsibilities; Lady Hermione Blackwood, of the Irish Nurses' Association, those on district and private nursing; and Mrs. Kildare Treacy, president of the same association, those on professional organization. Miss Elston, the directress of the Civil Hospital Training-school at Bordeaux, will discuss "International Reciprocity." All the letters coming from abroad promise a most successful and fruitful Conference.

The informal character of these meetings has been especially empha- The Constitution of the International, while it provides for the calling together of interim gatherings, makes no rules for these. At the Quinquennial official meetings it is proper that we may require national societies in membership to send their official delegates, but at interim meetings this left to their own voluntary action. We know, of course, that our societies will voluntarily respond, and, as a matter of fact, the number of representatives of societies promised grows daily.

It was desired that this Conference should be thrown open as widely as possible to all nurses, no matter whether they belong to the International Council or not. There are in Europe many groups, and many isolated nurses with whom we desire friendship and mutual interests. It was believed that many such would respond to an informal call, and results have shown this belief to have been sound. We are sure, however, that these friends will only feel an added interest in the gratifying fact that M. Mésureur, to show his interest in the nursing profession, intends honoring the meetings by his official presence and that of other eminent men, and by inviting us to an official reception. This gratifying recognition will give the coming Conference an importance which is not to be overestimated.

The regular programme has been arranged by the councillors, but, in addition, a welcome is freely extended to all those persons, whether professional or lay, who are of liberal and progressive views and who desire to contribute papers. We draw only one line—that of community of ideal and purpose.

Papers thus volunteered, though there may not be time to read them, will be published in the "Transactions," as will also discussions, in so far as these are helpful and instructive. Details and addresses may be found in "Official Announcements" of this month.

L. L. Dock, Secretary Int. Council of Nurses.

ITEMS

The "Hospital," which has always been an intensely virulent opponent of organization on a self-reliant, self-ruling, and independent basis among nurses, is greatly disturbed by the news of the coming Conference in Paris. It has written a series of editorial attacks which are without a doubt unique in journalism, or, perhaps, only the recent municipal campaign in Chicago can show their parallel. Few American nurses read this paper, and those who do, do not form their opinions by it. It is not, therefore, worth while to do more than note, in passing, the long history this paper has had as an opponent of every step which has tended to bring nurses forward out of the economic dependence in which it has been to the interest of exploiters to keep them.

Of old, the typical English bully, as persuasively set forth in the fiction of our childhood, was not above crushing the woman who got

in his way with his manly fist; or even, it might be, with his freedom-loving heel. But this is a civilized age. Such crude methods are now a little obselete. It is better, now, to write editorials to make the world ask whether there are any decent journalistic ethics.

"The Pen is mightier than the Boot."



Salt Solution—The use of the continuous salt solution by the bowel—as adopted by Dr. J. B. Murphy in the Presbyterian Hospital, Chicago. The patient on return from the operating room is placed immediately in Fowler's position—with the use of the back rest and pillows—a support under the knees to prevent the patient slipping down in bed is necessary. A hair knee roll held firmly by tying a strong piece of roller bandage on each side and tying to the head of the bed is usually a firm support. The irrigator containing the normal salt solution is tied securely to a standard on a level with the patient's head, low pressure is of course desired, the solution running drop by drop, one pint each two hours. The solution is kept hot by wrapping cotton around the pail, binding it on with flannel bandages and keeping it tightly covered. A bottle of hot water is kept in the pail also keepng up the temperature until the end of the two hours when renewed. Instead of the ordinary glass enema-point a straight vaginal douche point is used, the several openings allowing the solution to run more slowly and the smooth, bulb-like point being less irritating to the rectum. Every care is necessary to prevent irritation of the rectum, the continued pressure of the douche point being very aggravating to the patient. With patients afflicted with a constant tenesmus, it is necessary, in some cases, to discontinue the use of the treatment until this trouble is quieted. A high flushing is given each morning to cleanse the bowel, thus relieving the patient considerably.

This treatment as a rule is kept up about three days, sometimes a week if the condition of the patient warrants. Pads made of cotton, the rubber ring and pillows under the back, are used for the comfort of the patient as the position when used night and day is very apt to become trying. The treatment is used chiefly for stimulation and the relief of thirst.—*Miss Crawford, in the Illinois Training-school Alumnæ Report.*

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

EDITOR AMERICAN JOURNAL OF NURSING: To the members of the "Nurses Associated Alumnæ" who are to be entertained by the "Nurses of Virginia" on a trip down the James River to Norfolk, and the Jamestown Exposition.

We, the undersigned nurses of Norfolk and Portsmouth extend to you a hearty invitation to write to us, and avail yourselves of any information that we can give you in regard to securing accommodation during your stay in this vicinity.

As many of the members of the committee as possible will attend the convention, and, will meet the boat on its arrival in Norfolk.

We will also be prepared to act as guides to hotels, etc., or give any necessary information. Miss M. M. Martin, 167 Botetout St., Norfolk, Va.; Miss Christine M. Campbell, 409 Waverly Boulevard, Portsmouth, Va.; Miss Newton, Supt. Sara Leigh Hospital, Mowbray Arch, Norfolk; Miss Moss, Supt. Kings Daughters Hospital, Portsmouth, Va.; Miss Nason, Kings Daughters Nurse, Norfolk, Virginia; Miss Reta Fitzhugh, Court St., Portsmouth, Va.; Miss Eakins, Supt. St. Christophers Hospital, Freemason St., Norfolk, Va.; Miss Katherine Gilbert, St. Vincents Hospital; Miss Millechamp, Sarah Leigh Hospital, Norfolk, Va.; Miss McGoldrick, Norfolk Eye and Ear Sanitorium, Granby St., Norfolk; Miss Brickhouse, Protestant Hospital, Norfolk, Va.; Miss Lily Walker, Protestant Hospital, Norfolk, Va.; Miss Countesse Seawell, Bute St., Norfolk, Va.; chairman of committee, Mrs. S. T. Hanger, 7 Waverley Boulevard, Portsmouth, Va.

THE THREE YEARS' COURSE

DEAR EDITOR: I have just read and enjoyed the "Editorial Comment" in the April number. I think that a three years' course in hospital work is best, and I may add that I believe the "training-days" in a hospital are the happiest nursing days. The small sum paid to nurses is very helpful, and I know many nurses who never would have trained had they not had that small salary, for they were able to make

it cover all expenses, of uniforms, as well as personal expenses. I think there would be more probationers were the salary still paid by the hospitals.

Sometimes I think that we are running too much to "education," and as I have heard nurses express it, the elevating of our profession. Discipline and work in the wards of a hospital are beyond criticism, the greatest training, I believe, in the world. Some book learning is, I know, necessary. But there is a strenuous tone in everything at present, we get a habit of taking things too seriously. I really think it would do us good to take stock and see where we are, and what wonderful work has been done and is being done towards the successful training of nurses. I should like to see more time given to making the lives of the nurses pleasanter, also what is being done for sick and tired nurses, and for those in the large cities who have fallen in the struggle and have gone to the wall. I have for a long time felt that there is a great and terrible responsibility among us for one another.

The training-school like all schools but begins our education and life, therefore, a high moral tone should prevail. Nurses should learn all through their training to watch themselves lest they be careless. Carelessness so soon becomes coarseness, and so lowers the tone of their work.

Sometimes I think the test of a nurse's life is so hard, the demands sometimes too great, that the nurse either stands or falls. Falls come often from failure of physical strength, too. A little of a drug so easily gives rest and forgetfulness,—*too easily*. The temptations of a nurse's life are terrible. Only those who have been lonely and overtired know. But the nurse who comes through it all is *pure gold*.

ANNIE VANBUSKIRK,
Graduate Montreal General Hospital.

DEAR EDITOR: Apropos of "An Open Question," having been connected, for years, with a large training-school that offers a three years' course, I cannot resist giving my experience.

The change, from a two to a three years' course, was made after my training was completed, but as a graduate head nurse I had all the advantages personally, and ample opportunity to study the effect upon the pupil nurse. The result of the broader training in theory and practice was most satisfactory.

Upon graduation nurses are better qualified for all lines of work. The majority discover the special line of nursing to which they are best

adapted and since the trend of the times is to specialize, this is a great advantage to them and to the public.

Among a large acquaintance, I know no *good* nurse who does not appreciate to its full value the three years' course and who would not consider a return to the old system a retrogression.

Just a word of appreciation for the body of able women who have borne (and are still bearing) the brunt of this, as well as all, the great advance movements.

It seems in this warfare for the highest and best in our profession that no fort is ever taken but that there is constant battle ever after to keep it. There is a great army of nurses who cannot "Blaze New Trails" but can follow closely those who do.

Even those among us who are almost Oslerized, have hearts that are fresh and full of enthusiasm and welcome with open arms all changes in our own school and our profession that are along the lines of progression.

J. C. B., R.N.

TIME TO SPEAK

"In Mrs. Kinney's letter in the February JOURNAL she has thrown down the gauntlet to the nurses who feel so strongly that the present status of army nurses is intolerable."

"Has not the time arrived for those women who know whereof they speak to express themselves? Is it entirely the question of ranking with the common soldier, which certainly is distasteful enough, or some equally important reason?"—AMERICAN JOURNAL OF NURSING, March, 1907.

A certain doctor, in a recent address to his colleagues, made some remarks which so admirably apply to the attitude of nurses who are or have been members of the Army Nurse Corps that I venture to quote him. He says:

"There is need to arouse our professional conscience," as well as "to inform our professional intelligence with regard to this subject." * * * "In the present confused situation the danger is not from open and avowed enemies, but from ignorance and treason in our own ranks"—I should like also to add incidentally one more source of peril, *i.e.*, "our friends!"

It is indeed time to have done with covert sneers—with feints at parry and thrust—stabbing in the back,—and to come out into the open. It is just, neither to the Army Nurse Corps nor to the nurses at large

who may be possible applicants, that the assaults should be vague and hazy, or that these should be answered by generalities. Let those "who feel so strongly" (always assuming there must be such) come out and state exactly in what particulars they, personally and individually, have found "the present status of army nurses to be intolerable." Let those who have "been ranked with the common soldier" state over their signatures *how, when, where* and by whom this was done. We do not wish to hear from "soreheads" who have been discharged for cause, or who have been refused reappointment because their previous service was unsatisfactory (and there are numbers of both classes). But let some of the many who have had long service and been discharged at their own request be heard from. Then and only then will it be possible for those "who know" to offer some explanation which will be satisfactory, lucid, and fair to all. Let the decks be cleared for action. Not as Superintendent of the Army Nurse Corps, but as a nurse who has worked in army hospitals—one "who knows"—I am willing and glad to fire the first shot. I deny that there are *any* conditions in our corps to which the term *intolerable* can justly be applied. I deny that army nurses are "ranked with the common soldier." There will always be some nurses who will choose their associates (and even their life partners) from among the enlisted men. "One swallow does not make a summer"—nor yet "a drink." I positively assert that the only time our nurses are so classed is when they *rank themselves* with the "common soldier." It may not be out of place to add just here, if none but well-bred, well-educated, dignified and self-respecting women had been allowed to graduate from nurse training-schools, the Army Nurse Corps would not include among its members any who had not all these essential qualifications. I also know that the nurse corps has no monopoly of the perplexities arising from the fact that all trained nurses do not possess all these attributes.

The recent difficulty in filling the corps has not been entirely attributable to "lack of applicants." The requirements for members, laid down by the Surgeon General, has had a good deal to do with the paucity in the numbers of acceptable ones. During the fiscal year ending June 30, 1906, there were 346 applications for admission, from which 36 appointments were made. Of these 6 had had previous service (see Report Surgeon General, 1906). Regulations require that no nurse shall be eligible who is under a certain age; nor who is under a certain height; who has had a laparotomy; whose feet are not normal; whose teeth are not in good order; who has any inherited tendency to disease; whose thorax shows "flattening" or "insufficient mobility;" the imperfections of whose eyesight are not correctible; whose hearing is

defective; whose general physical condition is such that her powers of endurance or resistance may properly be questioned; and her professional qualifications are not less carefully scrutinized. No graduate from a hospital of less than fifty beds is acceptable; nor one from a private sanitarium, nor from hospitals for the insane, unless her course has been supplemented by at least six months in some large general hospital. She must be recommended by the superintendent of the school from which she graduated. The hospital records must show that her deportment, health and work were satisfactory during training. If trained under a former superintendent of nurses, her indorsement is also required. And finally a nurse must agree to serve at least three years—"Aye, *there's* the rub!" It is this which has been found to be the greatest stumbling-block in the path of would-be army nurses. Parents will not give consent, and naturally enough, daughters hesitate to go without it. Some find the conditions of their lives such that they cannot go for so long a time: a mother's frail health; a father's loneliness; or little children's needs prevent many It is really a small proportion of the people in the world who are really foot-free to come and go as they please.

It appears that the nurse corps is no more seriously handicapped than are the great training-schools, which feel they must shorten their course because of the difficulty of getting suitable applicants, who will give the time to the longer course.

The following data furnish a significant commentary on the "intolerable" conditions said to exist in the nurse corps. If the charge be true, then must these faithful ones be martyrs or fools. The records of the Surgeon General's Office prove conclusively that they are far from being either. "By their fruits ye shall know them."

There are at present in the nurse corps:

5	nurses	who	have	served	8	years	(3	continuously,	2	interrupted	service)	
8	"	"	"	"	7	"	(3	"	5	"	"	)
3	"	"	"	"	6	"	(1	"	2	"	"	)
5	"	"	"	"	5	"	(3	"	2	"	"	)
2	"	"	"	"	4	"	continuously					
3	"	"	"	"	3	"	"					

From the above it will be seen that 21 per cent. of the nurse corps has been practically a stable body for more than seven years; 5 per cent. more has been stable for about four years. These figures do not show the many, now out, who have had long and happy service, and it is no stretching of the truth to say that of these there are hundreds.

The corps at the present writing is full; there is a sufficient waiting list, and the usual number of applicants for admission.

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

MY DEAR EDITOR: It is difficult to understand how Mrs. Kinney could write as she did in the February number of THE AMERICAN JOURNAL OF NURSING. Of course, it is easy to understand why, in her present position, it would be impossible for her to give utterance to different sentiments, but it certainly seems that in a matter of such vital importance to her profession silence on her part would be the better policy.

The letter, at first glance, appears quite logical and, to those unacquainted with real conditions, fair, just and quite in keeping with the proper state of affairs in the nurse corps. It, however, contains a few inconsistencies and misleading features that, in justice to our cause, should be made clear and the writer is asking for a few lines of space in which to make at least an attempt at pointing them out. The writer has no burning desire to "rush into print," and, having received a telegram from the Surgeon General offering her reappointment less than a year after her resignation, she cannot be classed with the alleged disappointed ones referred to in Mrs. Kinney's letter, but this is a subject on which every right minded nurse possessing an "articulate voice" should make herself heard.

In the first place, every soldier knows that no one *under contract* in the army is taken into account as in any way influencing the ranking of *enlisted soldiers*—in which latter class the nurse now is. In fact, the lowliest private in the army considers that he takes precedence over a "contract," hence that argument is counted out. It was *that* state of affairs regarding a "contract" that gave zest to our effort to have the nurse corps established in the first place. We, who have been in their place, know what contracts are and where placed in the army, if any one knows. The same argument applies to dental surgeons and veterinary surgeons, if indeed they must be considered before the nurse!

As to the stress laid upon the matter of rank in the army, few nurses have any interest in the subject for any personal pride they might have in profiting by "promotion with rank." It is the *principle* for the recognition of which we are striving. Why should not a nurse who proves her superior ability by being able to hold the position of chief nurse of a hospital or head nurse of a ward have that ability recognized just as the same ability to command and direct is recognized in the other army

corps? Why should not the nurse corps be organized on the same lines as any other corps in the army? It is the establishment of a difference between *enlisted nurses* and *other enlisted soldiers* that we resent.

Why may not the superintendent of a general hospital or the head nurse of a ward be recognized as on equal social footing with the wife of a captain or of a lieutenant?

From Mrs. Kinney's sentence at the close of her paragraph about the "great gulf" one would suppose that there was a choice of associates permitted the nurse from *either* side of the gulf, but not from *both* sides. This is misleading. The writer has it from the lips of an officer's wife that they, the officers' wives, have no association whatever with the women of the nurse corps—not any more than they have with the wives of privates. This is the social side that we resent. No class of people recognize and understand the "great gulf" between officers and others better than nurses, who are brought up to it from their first days as probationers to their graduating day, the difference of a few hours in seniority sometimes fixing a "gulf" quite as wide as would be fixed by the difference of a year; but we cannot see why officers of the nurse corps may not associate with other officers or with their wives—nor can we see why there should be no "officers of the nurse corps." There is the matter in a nut shell.

Not that nurses are caring so much for such association, because most nurses in the army are too busy to think much about whether they may or may not have it; but when they are brought up to face the fact that they *may not* they resent it and want the principle of right in the matter recognized. The argument about rank in Australia is answered by Canada's recent act.

That is a pretty plea about many "truly loving country" and "caring more for what they give than what they receive," but it contrasts badly with the advantages of the service held out by Mrs. Kinney. What really patriotic nurse enlists for a "trip around the world" or to have "easy patients to care for"?

V. P.

EVANSTON, ILL.

[We are of the opinion that this writer has touched a vitally important point in the situation.—ED.]

DEAR EDITOR: Permit me to accept your challenge and to testify to that which I know and have seen. I would urge upon all other nurses, particularly those "who feel so strongly that the present status of army nurses is intolerable" to speak out. Now is the accepted time to make

known the cause of their dissatisfaction, or else forever after hold their peace.

As one who has had four years of continuous service the writer feels that she is one of those who may be said to "know whereof she speaks." To say members of the Army Nurse Corps are considered as "ranking with the common soldier" or that any conditions (the status of the nurses or anything else) are "intolerable" is certainly untrue. That some things might be bettered no one denies, but to make such sweeping statements as are above quoted is a manifest injustice to the nurse corps as a body, the individuals who compose it, and most of all to those graduate nurses all over the country who know of the nurse corps only what they read in the magazines.

I was a member of the Army Nurse Corps from April 22, 1902, until July 5, 1906, and was discharged at my own request. Not for one instant during that time was I ever classed with the enlisted men. On the contrary, I received every courtesy and consideration from the Commanding General down through all grades of other line and staff officers. If there are nurses who have been treated otherwise I say without hesitation the cause lay with themselves, and the fault was their own.

After an absence of eight months, part of the time spent in a civil hospital, I am only waiting a vacancy to be reappointed to the dear old nurse corps of the United States Army.—"With all thy faults I love thee still."

KEOTA, IOWA.

MARIE RIORDAN

DEAR EDITOR: In your editorial in the March issue of the JOURNAL you state that the status of the army nurse is intolerable.

I have been a member of the Army Nurse Corps for five years and fail to see how such a term could be applied to the position of the army nurse. Apparently a large number of nurses now in the corps are of the same opinion, as there are many who have been in the service from three to eight years. Why do they remain, if what you state be true?

They are excellent nurses and women who have had a wide professional experience. It is not reasonable to suppose that they are so disinterested as to remain for years in the corps to their own disadvantage.

Many leave at the expiration of three years, go home for a rest, and to see their people, and return, after a few months of civil life.

To my mind, your statement is hardly consistent with the above facts.

DORA E. THOMPSON, R.N.,
Chief Nurse, United States Army.

Presidio of San Francisco.

DEAR EDITOR: In an editorial on the Army Nurse Corps in the March JOURNAL you say, for three years the JOURNAL has tried to find out why nurses decline to enter the Army Nurse Corps, and ask if it is not time for those who know whereof they speak to express themselves.

I have done private nursing, institutional work, and, with the exception of six months, have been in the Army Nurse Corps since 1900. So I think I may be numbered among those "who know whereof they speak." I cannot understand why nurses decline to enter the service. That army nursing has its disadvantages, none of us deny, but to my mind the disadvantages encountered in private nursing and in institutional work are far greater. In Mrs. Kinney's letter to the JOURNAL in February she says: "From those who have had a long and happy experience in its ranks"—the Army Nurse Corps—"but little is heard. It is the soreheads who rush into print." May not this have much to do with nurses declining to enter the service? If so, I think it is time for those who have had a long and happy experience to express themselves—hence this letter.

MARTHA E. PRINGLE,
(Chief Nurse) United States General Hospital,
Ft. Bayard, N. M.

THE CATHETERIZATION OF MALE PATIENTS

DEAR EDITOR: I noticed in the last edition of the JOURNAL OF NURSING, that the question of male catheterization is still before us. When I went into training, like many another young woman, I knew nothing of the care of male patients. The first few days of my probation were not spent in caring for patients, but one of the first things I was asked to do for a patient was to give a young man a bedpan. Imagine my embarrassment, and the patient was as uncomfortable as I, knowing how unpleasant it was for me. Gradually I became accustomed to caring for male patients, but it was always hard to do some of the things that a nurse is called upon to do, during her training. I agree with "R. C." that nurses should have a more thorough knowledge of the human body in both male and female, but I do not think in a hospital where there are internes and male nurses that a female nurse should catheterize a male patient, especially the class of young men and boys one is apt to meet in the wards and who cannot understand why a nurse is a nurse and what it means. It is true there are some nurses from whom the act of catheterizing a male would detract nothing—she would still be the same dignified, discreet, womanly nurse, but there are some

others who have not enough stability of character, and would be better out of a male ward. It is a very simple matter to catheterize a male patient. A nurse in training need not feel that she is not a competent nurse if she has not had it to do in her training-school. She may never have it to do in her nursing career; but if she should be on a case in the country, as I once was, with no doctor for miles around, and the patient suffering much, she would be a poor nurse indeed if, with all her general training, she could not give her patient relief.

MAY ALZADA MOTT.

MY DEAR EDITOR: In reference to the question of the Army Nurse Corps, it was suggested to me not long ago, that the fact that 80 per cent. of the cases as reported in the Military Surgeons' Magazine, are venereal cases, might have something to do with this hesitancy on the part of the nurses. I do not know how true this is, but thought I would just mention it to you, as it sounds plausible.

C. E.

BRIGHT WOMEN

IN Amsterdam a woman has been made the head of the two large municipal hospitals, with a corps of seven woman assistants. In the Pathological Institute at Berlin there is a woman, Dr. Lydia Rabinowitsch, who has made herself one of the leading tuberculosis experts of the world. She was a prominent member of both the London and the Paris tuberculosis congresses, and almost every medical society in Europe has honored her in one way or another. She has published a set of books on bacteriology which are rapidly being accepted as standard text-books.

"RESOLVED, That I have named my boat Advice so no one will take it. There have been so many boats missing around here lately. But nobody will take advice. The only man who will take advice is the man who does n't need it—you can get tons of advice when you don't need it, but directly you need it you must pay well for it."—*Buster Brown.*

IT was announced recently that Mrs. Russell Sage had given $5,000 toward the permanent endowment fund of the Hospital of the Good Shepherd in Syracuse, N. Y.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE SUPERINTENDENTS' MEETING IN PHILADELPHIA.

The thirteenth Annual Meeting of The American Society of Superintendents of Training-schools for Nurses will be held in Philadelphia on May 8, 9, and 10, at the Rittenhouse, 20th and Chestnut Streets. The first session will be held on Wednesday morning at eleven o'clock. In order to allow the members to see something of the many objects of interest in this city, it has been arranged that the second session of Wednesday and Thursday will be held in the evening instead of in the afternoon.

Miss Marion Smith, superintendent of the University Hospital will entertain the Society at a tea at the University Hospital from three to five on Wednesday. Beside the many interesting departments of the Hospital, there is closely adjoining it, the Wister Institute of Anatomy, one of the most complete and best arranged collections in the United States, and well worth a visit. The evening session will be held at eight P. M. All the sessions will be held at the Rittenhouse. The morning session on Thursday will commence at ten A. M. The evening at eight P. M. The morning session Friday will commence at nine-thirty A. M. in order to permit early adjournment at noon.

Promptly at one o'clock members are invited to assemble for an automobile trip to Valley Forge, about twenty-five miles distant from Philadelphia. Valley Forge, served throughout the winter of 1777-1778 as Washington's headquarters. The little stone house in which he lived is well preserved, and in it are many objects of interest, including personal letters, furniture used during his occupation, etc. Valley Forge is on the banks of the Schuylkill, the surrounding country being hilly and well-wooded. It can also be conveniently reached by train on the Reading Railway, 12th and Market Streets. Light refreshments will be served in picnic fashion.

Since the discussions on objects of interest to the Members of the Association have always hitherto been unavoidably cut short for want of time, the programme committee has decided on comparatively few papers, and arranged to devote one whole session, that on Thursday evening, to the question box. Members are requested to send in subjects which they consider of general interest or difficulty, briefly stated as questions. These should be mailed to the President, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, as soon as possible, in order that they may be sorted and grouped as far as practicable. The name of the questioner should be attached, but this will *not* be read by the chairman. Three minute discussions will be invited.

THE NURSES' ASSOCIATED ALUMNÆ.

The Tenth Annual Convention of the Nurses' Associated Alumnæ of the United States will be held in Richmond, Virginia, on Tuesday, Wednesday and Thursday, May 14th, 15th and 16th, 1907.

The Heaquarters of the Convention will be at the Hotel Jefferson, West Franklin Street.

The Treasurer and Secretary will be at the Hotel Jefferson on Monday evening, May 13th at eight o'clock to register all delegates who present themselves.

The books will be open for registration on Tuesday, May 14th, from eight o'clock until twelve, noon, and from one to two, P.M.

The convention will be opened at two o'clock, *sharp*.

A list of hotels and boarding houses is given in the April number of THE AMERCAN JOURNAL OF NURSING.

NELLIE M. CASEY, Secretary.

PROGRAMME.

TUESDAY, MAY 14, 1907, TWO P.M. Prayer by the Rev. Robert W. Forsyth, D.D., St. Paul's Protestant Episcopal Church, Richmond, Va.

ADDRESS OF WELCOME by Ex-Governor A. J. Montague.

ADDRESS by Mrs. Wm. R. Coxe, President of the Woman's Club.

EIGHT-FIFTEEN P.M. Musical Entertainment by Polk Miller's famous quartette.

WEDNESDAY, MAY 15, TEN A.M. Business Session. Address of President. Paper: Missionary Nursing in the Mountains, by Miss Maria Allen.

Question Box, in charge of Miss Isabel McIsaac. Polls will be open for depositing ballots on Wednesday at ten A.M., and will close on Thursday at one P.M.

TWO P.M. BUSINESS SESSION. Paper: Work and Overwork, by Miss Martha Smith. Paper: Almshouse Nursing: the Human Need: the Professional Opportunity. Discussion to be opened by Rev. Caroline Bartlett Crane (by invitation of the member of the Programme Committee representing Michigan).

Informal reception at the Memorial Hospital from five to seven P.M.

THURSDAY, MAY 16, NINE A.M. Session on State Work, in charge of Miss Sarah E. Sly, Interstate Secretary.

Papers and Discussions on How to Organize for Legislation; Work of Board of Examiners; Responsibility of a Registered Nurse; Practical Results of the Law.

TWO P.M. Papers: Blazing of New Trails, by Miss Theresa Earles McCarthy; Some Urgent Social Claims, by Miss L. L. Dock.

Question Box. Business Session. Adjournment.

Informal reception at St. Lukes Hospital from five to seven P.M.

FRIDAY, MAY 17. An all-day excursion from Richmond to Norfolk.

RAILROAD RATES—INSTRUCTIONS.

By instruction of the railways shown below, you are advised, that announcements of excursion fares on the so-called certificate plan have been discontinued. This final decision of the railroads has just been received. Delegates west of Pittsburg and Buffalo are therefore advised to ask for rates to Jamestown Exposition.

Ann Arbor R. R.,
B. & O. R. R.,
E. & T. H. R. R.
G. R. & I. R'y,

B. & O. S. W. R. R.,
B. & L. E. R. R.,
Big Four Route,
C. &. O. R'y,
Chicago & Alton R. R.,
C. & E. I. R. R.,
C. & E. and Erie R. R.,
C. I. &. E. R'y,
C. I. & L. R'y,
C. I. & S. R. R.,
C. R. I. & P. R'y (between Chicago and Peoria, via Bureau).
C. & M. V. R. R.,
C. H. & D. R'y,
C. N. O. & T. P. R'y,
Cin. Northern R. R.,
C. A. & C. R'y,
C. & B. Transit Co.,
C. C. & L. R. R.,
Dayton & Union R. R.,
D. & B. S. Co.,
D. & C. N. Co.,
D. T. & I. R'y,
D. T. & M. R. R.,
D. A. V. & P. R. R.,
E. & I. R. R.,
G. T. R'y System,
Hocking Valley R'y,
Illinois Central R. R.,
L. E. A. & W. R. R.,
L. E. & W. R. R.,
L. S. & M. S. R'y,
L. & N. R. R.,
L. H. & St. L. R'y,
M. C. & C. R. R.,
Mich. Central R. R.,
Mobile & Ohio R. R.,
N. Y. C. & St. L. R. R.,
N. & W. R'y,
Ohio Central Lines,
Penna Lines,
Pere Marquette R. R.,
P. & L. E. R. R.,
P. L. & W. R. R.,
So. R'y (St. Louis Div.),
T. P. & W. R'y,
Vandalia Railroad,
Wabash R. R.,
Wab. Pitts. Ter. R'y,
Z. & W. R'y,
W. & L. E. R. R.
T. St. L. & W. R. R.,

Those going over other roads not on this list will note that the reduced rate will be in effect from Friday, May 10th, to Wednesday, May 15th. As the round trip rate is one fare and one third, there can be no extension of time limit of tickets. Members traveling from localities more than three days' journey from Richmond will be able to procure tickets before May 10th, but should apply to the agents several days before tickets are to be used. This is advisable, too, in small or remote districts, as certificates are not kept at all stations, and it would be necessary to purchase a local ticket to some station where the through ticket and the certificate may be obtained.

The Going Journey.

Ask for a through ticket, one way, with a certificate; do not make the mistake of asking for a receipt. If obliged to purchase tickets over several roads, members should procure a certificate with each ticket. As the ticket for the going journey will be an "unlimited," stop-overs may be made, but none will be allowed on the return ticket except where changes of trains occur, and at those points probably one day may be allowed. The certificates should be presented to the Secretary, on Wednesday, May 15th, and called for on the evening of that day. A fee of twenty-five cents is charged by the Southeastern Passenger Association's Agent for each certificate signed by him. Tickets purchased via boat lines from New York and Philadelphia must return same route. Tickets can be purchased via rail to Baltimore, thence boat; returning same route.

The Return Journey.

The certificates having been vised and signed, should be presented at the ticket office in Richmond at least one hour before the departure of the train, as it takes some time to honor certificates and issue return tickets. Further information or estimates will be sent any member on application.

The committee on arrangements announces that the nurses of Virginia have secured a very commodious steamboat for the excursion to be given the nurses of the Associated Alumnæ after the close of the Convention in Richmond. The steamer "Rosedale" will leave the wharf at the foot of Main Street, Friday, May 17th, at eight A.M. Jamestown Island, the site of the first permanent settlement in America, will be reached about noon and an hour's stop made. The excursion should reach Norfolk about five o'clock in the afternoon. The boat will carry luggage. The café on board will serve breakfast and luncheon at hours to be announced at the time of the Convention.

THE PARIS CONFERENCE CALLED BY THE INTERNATONAL COUNCIL OF NURSES.

The Council is able to announce the gratifying and important fact that the coming Conference will have the official recognition of M. Mésureur, the Director-General of the Department of the Assistance Publique of Paris, who, with some of his distinguished confrères will open the first session. On Tuesday, June 18th, the papers on Education and Training will be read; on Wednesday, the 19th, those on Public Duties and Social Responsibilities; on Thursday, the 20th, those on Professional Organization and the Nursing Press.

On Monday, June 17th, there will be a reception by Mlle. Chaptal, at the Maison-Ecole d'Infirmières privées, rue Vercingetorix, at 4.30 P.M. On Tuesday, the 18th, a reception will be given by the Municipal Council of Paris, at the Hôtel de Ville, at 4.30 P.M. On Wednesday, 19th, Mme. Alphen-Salvador will receive at the School for Nurses, 10 rue Amyot. On Thursday, the 20th, M. Mesureur will hold a reception in the Administration Building of the new College for Nurses in connection with the Salpetrière Hospital at 4.30 P.M. On Friday, the 21st, there will be a visit to Versailles, arranged by Mme. Alphen-Salvador. On Saturday, the 22d, a visit to the Chateau of Chantilly has been arranged by the Baroness de Rothschild. A farewell banquet will close the functions. The Hôtel du Louvre, 172 Rue de Rivoli, will be the headquarters of the Council and many members will be found there. It offers special rates of twelve francs a day ($2.40) and is central.

The Secretary will be at the Louvre Hotel on the 17th. Before that date, after June 1st, she can be addressed through Brown, Shipley & Co., 123 Pall Mall, London.

Entrance tickets for the conference (20 cents) may be had from Miss Breay, 431 Oxford Street, London, from now on stamps may be sent, as they can be exchanged), and at the time of the conference from the secretary, or at the door of the meeting place.

Meetings will be held in the great hall of the Musée Social, 5 rue Las

Cases. The great courtesy and kindness of the Directors of the Musée Social have prompted them to place this beautiful hall at the service of the conference without charge.

LAVINIA L. DOCK, Secretary, International Council of Nurses.

A NEW CANADIAN ASSOCIATION.

On March 30th, 1907, a Canadian Society of Superintendents of Training-Schools for Nurses was organized with thirty-six active and eight associate charter members. This list embraces superintendents of nursing schools extending from Newfoundland and Halifax, N. S., on the east to Vancouver, B. C., on the west.

The officers are as follows: M. A. Snively, president, Toronto; N. G. G. Livingston, first vice-president, Montreal; A. Macfarlane, second vice-president, Vancouver; L. Brent, secretary, Toronto; M. L. Meiklejohn, treasurer, Ottawa. Council: M. R. Macdonald, Halifax, N. S.; M. Wilson, Winnipeg, Man.; M. McIsaac, Edmonton, Alta.; G. Molony, Quebec, Que.; A. Chesley, Ottawa, Ont.; E. M. Patton, Toronto. Auditors: F. Sharpe, Woodstock, Ont.; E. Stanley, London, Ont. Executive Committee: C. Green, Belleville, Ont.; A. J. Scott, Kingston, Ont.

It is hoped that the Society will embrace many American superintendents and members.

The first regular meeting will be held in Montreal on September 11th, 1907, when it is hoped to have some of the American members present.

THE RED CROSS.

The District of Columbia Branch of the American National Red Cross commenced on March 26th a special course of lectures with practial demonstrations of field hospital work, for the benefit of the enrolled nurses of the Branch. The subjects are as follows:

FIRST LECTURE: General outline of the organization of the army in time of war and that of its medical and sanitary service.

SECOND LECTURE: The regimental hospital; the ambulance section; the field hospital; the base hospital; other hospitals and stations.

THIRD LECTURE: Medical and sanitary service of camps and on the march.

FOURTH LECTURE: Service in battle at the front.

FIFTH LECTURE: Service in battle at the rear.

One afternoon will be devoted to the practical demonstration of the field hospital. This will be done at the conclusion of the course as detailed above. An opportunity will then be given to examine the equipment and working plan of this organization.

THE IOWA BILL.

A bill for an act to provide for the examination and regulation of graduate nurses. Also to regulate the practice of nursing by graduate nurses and to provide a penalty for the violation thereof.

Be it enacted by the general assembly of the state of Iowa:

Section 1. It shall be unlawful for any person to profess to be a registered nurse without first obtaining from the state board of health a certificate au-

thorizing him or her to practice nursing in this state, except as hereinafter provided.

Section 2. At the annual meeting of the state board of health it shall select two physicians from its own membership, and two graduate nurses, residents of this state, actively engaged in the practice of nursing, who, together with the secretary of the state board of health, shall constitute the examining committee for the year. The examinations provided for in this act shall be held in the city of Des Moines in July of each year and at such other times and places as the board of health shall direct. All applicants for certificate to practice nursing shall have attained the age of twenty-three (23) years and shall be of good moral character. They shall be graduates of training-schools recognized as being in good standing by the state board of health of Iowa, and shall have received at least two (2) years' instruction in general hospital practice. After July 1st, 1910, no training-school shall be accredited by the state board of health as a school of recognized standing which is not attached to a general hospital and which does not have a course of study of at least three (3) years. All graduate nurses who are residents of the state and who have been engaged in the practice of nursing prior to the passage of this act, shall be granted a certificate without examination upon the payment of the registration fee of five dollars ($5.00), and the same rule shall apply to all nurses who graduate from a recognized school prior to July 1st, 1907. Nurses holding diplomas from hospital training-schools of recognized standing, upon application to the secretary of the state board of health, shall be granted a permit to practice until the first examination of the board following the issuance of the said permit.

Section 3. After the passage of this act, any person who is not exempt from examination by section two (2) of this act and who shall apply for a certificate to practice nursing shall be examined in the following subjects: Hygiene, anatomy, physiology, materia medica, dietetics, practical nursing, medical and surgical nursing, obstetrics, nursing of children and the rules and regulations of the state board of health relating to infectious diseases and quarantine and such other subjects as the examining board may require from time to time. Each applicant shall pay the secretary of the state board of health a fee of five dollars ($5.00). If the examination be satisfactory to three members of said committee it shall so report to the state board of health; if the board find the report and ratings correct, it shall authorize its president and secretary to issue a certificate to the successful candidate for which such candidate shall pay an additional fee of one dollar ($1.00). This certificate shall confer upon the holder the right to practice as a registered nurse, and be conclusive evidence thereof. The state board of health is empowered to recognize certificates issued to nurses under the laws of other states having substantially similar requirements to those existing in this state; provided, that such states recognize the certificates issued by the state of Iowa; then certificates issued by authority of such other states may be deemed sufficient evidence of qualifications of the licentiate without further examination for certificate in this state; the fee for such certificate shall be ten dollars ($10.00). The holder of such certificate provided for in this act, small cause the same to be registered in the office of the county recorder of the county wherein he intends to reside.

Section 4. No person, after January 1st, 1908, except one holding a certificate under authority of this act shall advertise to be or assume the title of registered nurse or use the abbreviation "R. N." or any other words, letters

or figures to indicate that the person using the same is a registered nurse, and it shall be unlawful for any graduate nurse to practice nursing as a graduate or registered nurse in the state of Iowa without first having registered under this act.

Section 5. This act shall not apply to any person nursing the sick with or without pay who does not in any way assume to be a registered or graduate nurse.

Section 6. The board of health may refuse to grant, or renew, any certificate provided for in this act, to a person otherwise qualified, who obtained said certificate by false or fraudulent representation, or for immoral or unprofessional or dishonorable conduct, or for willful or repeated violation of the rules and regulations of the state board of health; and the board may revoke any certificate issued by it, for any such or similar cause; provided, that before the revocation of any certificate issued under the provisions of this act, the licentiate shall have been afforded an opportunity for a hearing before the board. At least twenty (20) days prior to the date set for such hearing, the secretary of the state board of health shall cause written notice, under the registered mail, to be sent to the licentiate at his last known place of residence; said notice shall contain a statement of the charges, and the date and place set for the hearing before the board. If the party thus notified fails to appear, either in person or by counsel, at the time and place designated in said notice, the board may, after receiving satisfactory evidence of the truth of the charges and the proper issuance of the notice, revoke said certificate. If the licentiate appear, either in person or by counsel, the board shall proceed with the hearing as herein provided. The board may receive and consider affidavits and oral statements, and shall cause stenographic report of the oral testimony to be taken, which, together with all other papers pertaining thereto, shall be preserve for one (1) year. If five (5) members of the board present at the hearing are satisfied that the licentiate is guilty of any of the offenses charged, the certificate shall be revoked, for such time as the state board of health may determine.

Section 7. Each member of the examining committee, except the secretary, shall receive for his services out of the funds created by the payment of fees by applicants for examination such compensation as is allowed to the members of the state board of medical examiners for like services and the secretary shall receive his necessary expenses incurred for services which cannot be performed at the capitol. All printing, postage and other contingent expenses, necessarily incurred under the provisions of this act shall be paid from said fund. All expenses incurred under the provisions of this act shall be itemized, verified, and audited and a warrant drawn therefor on the nurses' fund in the same manner as other expenses of the state board of health.

Section 8. Any person who shall knowingly violate any of the provisions of this act, shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined a sum not exceeding one hundred dollars ($100.00) or imprisonment in the county jail for not to exceed thirty (30) days.

STATE MEETINGS.

MASSACHUSETTS.—The Massachusetts State Nurses Association held a meeting in New Bedford on March 20th. Prayer was offered by the Rev. M. C. Julien, and a very hearty welcome was given to the Association by Miss Noyes.

Miss Riddle said some people have erroneous ideas about state registration. It will give the sick public better nurses, keep training-schools up to the standard and thus assure pupil nurses of getting the right amount of instruction, but it will not change the character of the nurse. Some wise people think we are not ready for state registration because the public has not seen the necessity for such a law. This might be taken as a compliment to Massachusetts nurses. One reason for failure in securing state registration is that we have not made the personal effort we should. We are timid and slow to speak. However we are not discouraged, but consider the outlook cheerful.

Dr. S. D. Presbrey, of Taunton, said Massachusetts doctors had a hard fight to get state registration. They were told, by those who opposed them, that medicine was not an exact science, and therefore doctors should not be registered. The doctors wanted registration in order to protect the public from the half-way doctor. The quack is an imposition on the public but not on the doctor. Nurses should be registered for the same reason. In order to get public opinion on their side nurses must prove to the public by their work that registration is needed. Get registration, even if you have to sacrifice some points, and raise the standard later.

A question box proved to be a very interesting part of the programme. The question of training-schools returning to a two years course brought forth an animated discussion, the majority being strongly in favor of a three years course.

It was voted unanimously to make THE AMERICAN JOURNAL OF NURSING the official organ of the Massachusetts State Nurses' Association.

After a vote of thanks to our speaker and entertainment committee, the meeting adjourned and refreshments were served.

Miss Clara D. Noyes, Superintendent of St. Luke's Hospital, New Bedford was chairman of the committee on arrangements.

INDIANA.—The fourth semi-annual session of the Indiana State Nurses Association as held at Evansville, Indiana, April 3 and 4, 1907, in the First Cumberland Presbyterian Church. The meeting was opened with prayer by Rev. Wiggington. The addresses of welcome were given by Dr. James Welburn, in behalf of the physicians and board of health, and by Miss Allie Butler, president of the Evansville Association, in behalf of the nurses. The addresses were most cordial, and were responded to in the same manner by the State Association's president, Miss Edna Humphrey, of Crawfordsville. Indiana.

There were three original papers by the resident nurses and all were interesting and practical: "The Training-school and its Pupils," by Miss Cora Goldsmith; "Some Points about our Profession," by Miss Allie Butler; "Nursing as a Profession," by Miss Fannie Clark. Dr. Will Gilbert gave a paper upon "The Mission of the Modern Hospital," and Dr. Edwin Walker a paper on "Benefits of Association, Local and General."

A reception was given on the night of April 3d in the Young Men's Christia Association parlors, which was quite informal and thoroughly enjoyed. After the business session on Wednesday there was a trolley ride of several miles into the country to "Woodmere," the southern Indiana Hospital for the Insane. Visits were also made to the hospitals and sanitariums in the city.

Association work is quite new to the nurses in Evansville, as they have but

recently organized a city association and are not yet affiliated with other societies. They have about forty-five members and proved beyond a doubt to the visitors from the Indiana State Nurses Association that they are earnest, practical women and that they will be heard from in the future.

PENNSYLVANIA.—The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will meet at Reading, Pennsylvania, on Wednesday, Thursday and Friday, May 29, 30, and 31. The headquarters will be at the Mansion House, in the parlors of which the several meetings will be held. The first meeting will be on Wednesday afternoon at two o'clock. To this meeting all friends of the association are invited. It will be followed by an executive session. Other executive sessions will be held on Wednesday evening, from seven-thirty to nine-thirty, and on Thursday afternoon at three. At this meeting a question box will be held for the benefit of any members who have questions which they desire answered. Membership cards must be presented for admission to all executive sessions. Members are requested to send to the secretary without delay any recent changes of address. The Mansion House and the Hotel Penn, American plan, $3.00 per day, are both recommended.

COLORADO SPRINGS, COLORADO.—A special meeting of the Colorado State Trained Nurses Association was held on April 2d, 1907, for the purpose of choosing a delegate for the Associated Alumnæ. It was voted to send Louise Croft Boyd to represent Colorado at the meeting in Richmond, Virginia, in May.

MINNESOTA.—The Minnesota State Graduate Nurses Association held its semi-annual meeting in Minneapolis, Tuesday, April 9, at two-thirty p. m. in the mayor's reception room. The president was in the chair. There were about fifty present.

The president reported that the bill had passed both houses and had gone to the governor for his signature. There was no reason to believe that he would veto it. The house committee had amended section 2, making the examining board to consist of one physician and four nurses. The nurses then proposed an amendment requiring that, after the appointment of the first board all further appointments of nurses should be from nurses registered under this act. This was accepted and passed. The age of the nurse applying for registration had been lowered from twenty-three to twenty-one before the bill was introduced, at the request of Senator Witherstine who had charge of the bill.

Further business transacted at this meeting was electing a nominating committee to select a ticket for officers and board for the next year; placing an assessment on each member to pay all legislative expenses; voting to raise the dues two dollars to take effect after the annual meeting in October in order that they might publish a magazine; and the selection of the names of eight nurses and four physicians to be sent to the governor with the request that the nurse board of examiners be appointed from that number. The meeting adjourned until October.

REGULAR MEETINGS.

St. Joseph, Mo.—The graduate nurses of the Ensworth Deaconess Hospital, St. Joseph, Mo., held a meeting on the evening of January 30, 1907, at the Nurses' Home, and organized an Alumnæ Association.

The following officers were elected: President, Miss Edith Byers; vice-president, Miss Mary Asson; secretary, Miss Sue Arnold; treasurer, Miss Lorena Hales.

Pueblo, Col.—The Pueblo Trained Nurses Association held its annual election of officers on March 2, 1907, the result being as follows: President, Miss L. A. Beecroft; first vice-president, Miss D. A. Bowzer; second vice-president, Miss M. S. Prifoars; recording secretary, Miss V. V. Kahler; corresponding secretary, Miss A. A. Murphey; treasurer, Miss R. Chaplin. The Association has issued business cards for the benefit of those in private practice, giving the name, address and telephone number of each nurse. The Association reports growth and interest.

Denver, Colorado.—The first annual meeting of the Alumnæ Association of the Colorado Training-school for Nurses was held in the class room of the Nurses' Home on April 9, 1907. The following officers were elected for the ensuing year: President, L. M. Fowler, superintendent of nurses of the school; first vice-president, H. L. Corey; second vice-president, M. M. Durkin; secretary, S. Williams; treasurer, A. R. Barney; historian, H. S. Thompson.

Colorado Springs, Colorado.—At the annual meeting of the Nurses' Registry Association, held on April 3, 1907, the following officers were elected: President, L. L. Hudson; vice-president, C. Balkam; secretary, J. Stewart; treasurer, J. J. Shea.

New York City.—The New York Hospital Alumnæ Association held its annual meeting on April 10 and elected the following officers: President, Mrs. C. V. Twiss; vice-president, Miss I. H. Sutliffe; recording secretary, Miss A. B. Stewart; corresponding secretary, Miss L. M. Wygant; treasurer, Miss M. A. Smith; trustees, Miss Benz, Miss Ryerson and Miss Jordan.

The association has paid $570.00 in benefits to members from its fund for sick nurses. The club house has had serious difficulties—an elevator accident in which Miss Higinbotham lost her life, and a fire which destroyed much of the nurses' property and rendered a floor uninhabitable for weeks—yet its vitality seems unimpaired. The running expenses for 1906 were $23,003.47. A modest sheet of alumnæ news has been published for the members.

Brooklyn, N. Y.—A special meeting of the Alumnæ Association of Nurses, Kings County Hospital, Brooklyn, was held at the Nurses' Home on Tuesday, March 12, 1907, for the purpose of electing officers for 1907. Those elected were: President, Miss Mary Birnie; first vice-president, Miss Lucy Treadway; second

vice-president, Miss Julia Donohue; treasurer, Miss Ada Newbold; secretary, Miss Roberta E. Gregg. The meeting adjourned until Tuesday, April 2, 1907.

The regular quarterly meeting of the Alumnæ Association of Nurses of the Kings County Hospital, Brooklyn, was held at the Nurses' Home on Tuesday, April 2d, 1907, at three-thirty, P.M. The meeting was well attended, the president, Miss Birnie, brought many subjects before the members for discussion. The matter of forming a registry in Brooklyn for all nurses in Kings County was fully discussed, and a committee appointed to look after the matter. Miss Birnie was appointed delegate to go to Richmond to attend the annual meeting of the Associated Alumnæ. The chairmen for two of the standing committees were appointed: Nominating Committee, Miss Helen L. Bailey; Visiting Committee, Miss Jennie Sheffield. The meeting adjourned until Tuesday, July 2, 1907.

BROOKLYN, N. Y.—The regular monthly meeting of the Brooklyn Hospital Training-school Alumnæ was held April 2. Miss Mason, chairman of the Club-house Committee, reported that the house at 255 Carleton Avenue had been rented for two years and would be opened as a club-house and registry early in May. The Misses Madden and Sweeney were appointed delegates to the Nurses' Associated Alumnæ Convention to be held in Richmond, Va., in May.

BROOKLYN, N. Y.—At the annual meeting of the Long Island College Hospital Alumnæ Association of Nurses, held April 9, 1907, the following officers were elected: President, Miss M. A. Hoge; first vice-president, Miss M. Decker; second vice-president, Miss E. Hall; treasurer, Miss R. Kelley; recording secretary, Miss M. Beyer; corresponding secretary, Miss J. E. Wiley; directors, Miss V. A. Monck, Miss Signa Johnson, Miss Ryer, Miss Slingerland, and Miss McCarthy.

BROOKLYN, N. Y.—The Nurses Alumnæ Association of the Methodist Episcopal Hospital held a very successful sale of cake and fancy articles on March 27th. The proceeds went toward the endowment fund for sick nurses. The nurses also contributed voluntary Easter offerings for this fund.

SAVANNAH, GA.—Fourteen nurses, graduates of the Park View Sanitarium, met at the residence of Mrs. M. S. Morel, 319 Charlton Street, East, March 30, 1907, and formed an Alumnæ Society. The society was organized for the purpose of stimulating social intercourse between the graduates of the Sanitarium and also for keeping a registry of the nurses so that they may be reached at any time. The society meets the first Thursday in every month. The officers elected are: President, Dr. A. B. Simmons; vice-president, Miss V. S. Borden; secretary-treasurer, Mrs. M. S. Morel.

BALTIMORE, MD.—The Nurses Alumnæ Association of the University of Maryland gave an entertainment by Polk Miller and his "Old South Quartette" on Friday evening, April fifth, to help pay the salary of the tuberculosis

nurse who is supported by the Maryland State Association. The salary of this nurse has been paid by the members of the State Association for the past year. She is doing efficient work, principally among the operators of the cotton mills, with a visiting list of one hundred and seventy-five patients. Two hundred and fifty dollars were cleared by the entertainment.

NEWARK, N. J.—The Nurses Alumnæ Association of the Newark City Hospital gave a progressive whist party in the parlors of the Nurses Home, 116 Fairmount Avenue, on the evening of March 18. The home was decorated with green shamrock and the walls were hung with the American and Irish flags.

ORANGE, N. J.—A regular meeting of the Alumnæ Association of the Orange Training-school for Nurses was held at the Nurses Home, 68 Henry Street, Orange, on Wednesday, March 20, at three P.M. Two delegates were elected to attend the convention at Richmond in May, and the question of a central registry for nurses was discussed.

WORCESTER, MASS.—The Worcester City Hospital Alumnæ Association at a special meeting in March elected the following officers for the coming year: President, Miss Ida Taber; vice-president, Mrs. Simeon Smythe; secretary and treasurer, Miss Ada F. Wood; consulting committee, Miss Sarah L. Nourse and Miss Katharine Maguire; sick committee, Miss Bertha Cook, Miss Mary Toothacre and Miss Helen Casey.

The Alumnæ of the Grant Hospital Training-school held their regular monthly meeting Wednesday, March 20. After the business meeting there was a delightful and instructive talk by Doctor E. S. Lewis, of the First Methodist Church, on the place held by faithful nurses in the hearts of patients and their friends. Following this was a reception to all of the nurses in the city. The various departments of nursing were well represented, as well as other schools. The purpose of the meeting was to promote a larger feeling of good-fellowship among nurses. Delightful music was furnished by Mr. Arthur Kellog. Dainty refreshments were served, and there were many expressions of gratification and good-will toward the Hospital, the School and the Alumnæ.

PERSONALS

MRS. ROBB is to spend the summer abroad, sailing from New York at the end of April.

MISS JOHNSTONE, superintendent of St. Luke's Training-school, Chicago, has been seriously ill, but is now improving.

MISS FREDERIC, of the New York Hospital Training-school, slipped on the ice this winter and fractured her hip. She has been a patient in the hospital for many weeks.

MISS CELESTE MANION, Class 1900, Faxton Hospital, Utica, N. Y., began her duties as head nurse of operating room and superintendent's second assistant on February 1st, 1907.

Miss Alice Isaacson, of Cedar Rapids, Iowa, has accepted the position as head nurse of the maternity department of Evanston Hospital, Evanston, Ill., and will take charge April 24th.

Miss Anna Cole, graduate of the Paterson General Hospital Training-school, class of 1907, has been appointed operating-room nurse in her own hospital. Miss Cole entered upon her duties April 1st.

Miss Culbert has resigned her position as night supervisor at the Methodist Episcopal Hospital, Brooklyn, owing to ill-health. Mrs. Perison is temporarily filling this position until a permanent supervisor can be found.

Miss Margaret Sherwood, graduate of the Paterson General Hospital Training-school, class of 1900, has been appointed assistant superintendent of her own school. Miss Sherwood entered upon her new duties April 15th.

Miss Helen Balcum, superintendent of nurses at the University Hospital, Iowa City, has accepted the position as superintendent of Finley Hospital, Dubuque, Iowa, to succeed Miss Marie Stotz, whose marriage to Dr. Michel, of that city, is to take place at an early date.

Miss Minnie E. Surbray, a graduate of the City Hospital, Akron, Ohio, and of the Boston Floating Hospital, has been appointed to take charge of the new City Hospital of Warren, Ohio, May 1st. Miss Surbray has for some time held the position of supervising nurse at the City Hospital of Akron.

Miss V. A. Anderson has resigned her position as supervisor of nurses of the Methodist Episcopal Hospital, Brooklyn, N. Y., and has taken up private work in that city. Miss Frost, former supervisor of the operating-room of the same institution, has succeeded Miss Anderson. Miss Frost's position is filled by Miss Stoney, of the same school.

Miss Anne Louise Pearse, St. Luke's, Chicago, the first president of the Illinois State Association of Graduate Nurses, has been appointed editor of the Illinois Quarterly, to succeed Miss I. Virginia Parkes, Illinois Training-school, who has resigned on account of failing eyesight. Miss Lucy L. Clark, also an Illinois Training-school graduate, will succeed Miss Parkes as publisher of the Quarterly. Miss Clark is superintendent of Grove House for Convalescents in Evanston.

Miss Nutting, who is retiring from her position of superintendent of nurses at Johns Hopkins Hospital, will sail on May 4th, for Europe, where she will spend the summer in rest, preparatory to taking up her new duties at Columbia in the fall. Miss Ross, who has for some time been Miss Nutting's assistant at Johns Hopkins, will be her successor there. This is a very just promotion and a proper reward for most faithful service.

After May 1st, 1907, Miss Virginia S. Field, R.N., will care for two or three delicate or convalescent children at her own home, Cornwall-on-the-Hudson, N. Y. Miss Field is a graduate of Bellevue and a former superintendent of the Illinois Training-school. She will give the children under her care the attention they would receive in their own homes, with the additional supervision

of a trained nurse, in matters of diet and all essentials for the well-being of a child. In cases of simply delicate children, it is proved that medical attention, supplemented by the sympathetic, discriminating care of a nurse, is most valuable. Parents or guardians, during enforced absence, or prolonged illness, may here find home surroundings where these conditions may be realized.

Miss E. Eugiene Hibbard, who has been in charge of the Isthmian Canal Nursing Service, resigned her position recently, and has been resting at her home in New Hampshire. The early work of the Canal Service has been largely along the lines of organization,—the building up and perfecting a good nursing service. Miss Hibbard's work in the past has been largely in that direction and she was well fitted to undertake this. Now that the constructive period is past, she has given it into other hands.

Miss May Grigg, R.N., Class 1899, S. R. Smith Infirmary, Staten Island, resigned her position as assistant superintendent and supervisor of nurses of that hospital on March 15th, to return to private duty on Staten Island. Miss Grigg is succeeded by Miss Nellie Goodhue, R. N., graduate Royal Victoria, Montreal, class 1896, recently supervisor of probationers, Lakeside Hospital, Cleveland, Ohio, and head nurse of the medical wards and emergency department, Roosevelt Hospital, New York City. Miss Goodhue took up her duties in the S. R. Smith Infirmary on March 15, 1907.

MARRIAGES.

In December, 1906, Miss Martha Garland Whitehead, St. Luke's Hospital, Richmond, Virginia, to Dr. Stuart Michaux. Dr. and Mrs. Michaux will make their home in Richmond, Virginia.

On Wednesday, April 3d, at the Second Presbyterian Church, Richmond, Virginia, by Rev. Russell Cecil, Elsie Boyd, Class of 1902 Old Dominion Hospital Alumnæ to Dr. Benerly Randolph Tucker, of Richmond. Dr. and Mrs. Tucker sailed for Europe on Saturday, April 6th, as Dr. Tucker is to pursue his medical studies in Vienna for the next six months.

OBITUARY.

Miss Lillian Jemmotte, a graduate of Bushwick Hospital Training-school for Nurses, Brooklyn, N. Y., class of 1903, died at the hospital, November 12th, 1906, after a short illness. Miss Jemmotte was the secretary of her alumnæ association.

The Holyoke City Hospital Alumnæ Association announces the death of Miss Helen H. Sutton. Miss Sutton was president of the Alumnæ Association and its members feel that they owe to her more gratitude and inspiration than can ever be expressed.

Bessie Brown, class of 1903, of the University of Michigan Training-school, died March 28th, at twenty-six years of age. Miss Brown did private nursing in Ypsilanti, Michigan, after her graduation. She will be missed by the Nurses Alumnæ Association of Ann Arbor.

DIED, on March 13, 1907, in Portland, Maine, suddenly, Miss Margaret J. Graham, a graduate of the Maine General Training-school and a charter member of the Alumnæ. She was a faithful friend and conscientious nurse who will live in loving memory in the hearts of those who knew her.

MARGUERITE AGNES FITZGERALD, a graduate of the Colorado Training-school for Nurses, died on April 6th, of cerebro-spinal meningitis, after a few hours' illness. The alumnæ association of the school, on April 9th, framed a memorial to be placed on its records, a copy of which was sent to her family.

DIED, at Cobourg, Ontario, March 17th, Miss Elizabeth Cowling. Miss Cowling was a graduate of the Brooklyn Hospital Training-school, of the class of 1895. She was treasurer of the alumnæ association for a number of years, was active in all the lines of progressive work with which the association was affiliated, and was also a devoted worker at St. Phœbe's Mission. The alumnæ association has placed a memorial on its records, a copy of which has been sent to her family.

READERS of the JOURNAL who noticed in the April number news of the death of Miss Mary E. Smith, of Detroit, will be interested in the fuller account of her work which has reached us. Miss Smith was a charter member of the Associated Alumnæ, also one of the directors. She was president of the Farrand Training-school Alumnæ for several years and secretary for a number of years. She presided at two preliminary meetings when the Wayne County Nurses Association was formed. She was chairman of the ways and means committee of the Michigan State Nurses Association which drafted the bill for registration. She originated the plan to raise an endowment fund in Michigan for the Chair in Hospital Economics. About two years ago she gave up nursing and went home to live. She became interested in church and Young Women's Christian Association work in Hamilton, Ontario. Last year she was elected president of the Young Women's Christian Association and had a Bible class among the nurses of the City Hospital. She returned to Detroit to nurse a former patient, contracted pneumonia, and died within a week after entering the hospital.

TRAINING-SCHOOL NOTES

The graduating exercises of the Ensworth Deaconess Hospital, St. Joseph, Missouri, Training-school for Nurses, for the year 1907, were held in the Young Men's Christian Association Auditorium on the evening of March 11. The address of the evening was delivered by Rev. Matthew S. Hughes, D.D., of Kansas City, Missouri. His subject was "The Progress of Womanhood."

Dr. W. R. Dobyns, of the First Presbyterian Church, presented the following nurses with diplomas: Miss Olive Frances Seelinger, Miss Lida Cozine Speelman, Miss Bertha Stephens Cowles, Miss Mable Salene VanVliet, Miss Mary Nickels, Miss Jessie May Fairchild, Miss Alice Isabelle Gray and Miss Christine Johnson.

The graduating exercises of the Colorado Training-school for Nurses, Denver, Colorado, were held at the City and County Hospital on April 3, 1907, when the following nurses were given their diplomas: Emily R. Lee, Marguerite G. Banks, Bertha Dick, Bertha Bruce, Sara C. Young, Mary C. Washburn, Milla S. Rod, M. Edith Green, Anna E. Hanson, Adelaide M. Snell, Marie M. Balding, Ethel C. Agrelius, Kathreyn C. Luster, M. Edith Spoor, Jessie C. Kauffman, Mayme L. Blood and Bertha A. Reid. This class is the second in the history of the school to have papers prepared and read by its members: "The History of the Hospital," by A. M. Snell; "The Class History," by M. G. Banks, and "The Class Prophecy," by J. C. Kauffman. The diplomas were presented by Mr. S. D. C. Hayes, chairman of the hospital committee of the board of county commissioners. The musical program included singing by Mrs. Cooper, and the evening was finished with dancing and refreshments.

In order that sick children of Providence may have the benefit of fresh air and sunshine during the summer months, Mrs. Anne Crawford Allen Brown, widow of the late John Carter Brown, has given to the Rhode Island Hospital her country residence at Quidnessett.

The property consists of a fine brick mansion and about 100 acres of land. The value of the gift is estimatetd at $40,000.

Ship's Nurses.—One of the great transatlantic steamship lines has added trained nurses to the medical personnel of its vessels. This opens a sea career for the trained nurse. Undoubtedly other lines will do the same, and the nurse will become as indispensable an adjunct to the first-class vessels as the ship's doctor is.

PRACTICAL SUGGESTIONS



When an ointment which would stain, such as icthyol, is applied to the skin, it can be kept from doing so by covering the ointment first with brown tissue paper (toilet paper will do), and then with cotton. The ointment will not stain or spread and it will keep moist.

J. T.

A nurse on a country case had to give nasal feedings and had no funnel to use. She improvised an apparatus from a catheter, a straight glass tube, and a new atomizer, which happened to be at hand. She gave the nourishment very slowly and had good results.

J. T.

A strip of flannel, one yard long, and three inches wide, makes a warm and comfortable rim for a child's chamber. There should be a hem at top and bottom through which wash ribbons or tapes are run.

One of these ribbons is to be tied around the chamber under the rim. The other gathers the flannel together inside the rim. This makes an inner seat to the chamber, firm enough to support the child, and is especially good for a baby that is being taught the use of such an article.

One of our readers sends this suggestion: "I was quarantined up stairs in a house recently where there were practically only deaf mutes. and had to quickly call to mind the method of talking, learned in school, by means of the fingers of both hands. This was slow work, as they used the speedy modern, one-hand alphabet. My patient taught me in a few days how to make myself understood by that method.

"When having some time off a case, it would be a good idea to get a printed alphabet and learn it, as the knowledge may some time prove valuable."

N. E. B.

BOOK REVIEWS

TEXT-BOOK OF ANATOMY FOR NURSES. By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist New Jersey Training-school Vineland; late Adjunct Professor of Anatomy, and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training-school for Nurses, New Haven, etc. With a Glossary and 191 Illustrations, 34 of which are Printed in Colors. Price, $1.75, net. Philadelphia: P. Blakiston's Son & Co.

This book, coming after the excellent works on the same subject by Kimber and Lewis, will prove to be a disappointment to students who expect to be carried farther afield in the study of anatomy.

While it is charmingly written and one feels constantly assured of the authority of the writer, the style is so simple as to be foolish when addressed to women who have, it is presumed, been taught the structure of the human body some years before graduating from public school. To any student who has studied Chapter XII, on Respiration, in Kimber's Anatomy, the following extract must read like kindergarten instruction: "What happens to the air in the lungs? The air which we breathe contains oxygen, nitrogen, and water. The *oxygen* is needed by the body. It passes through the thin walls of the air cells and the delicate blood-vessels around them into the blood. At the same time carbon dioxid gas and some other matters pass from the blood into the *air-cells;* therefore there is a difference between *inspired* air and *expired* air. *Inspired air* contains, or should contain, much oxygen and little or no carbon dioxid; *expired air* contains less oxygen and much carbon dioxid, and it is also laden with vapor and particles of animal or organic matter, which may give it an offensive odor. Oxygen is food; carbon dioxid and the organic matters are poisonous wastes. What happens to the blood in the lungs? It comes to the lungs laden with certain waste elements and is called *impure;* it goes from the lungs relieved of this waste, and carrying oxygen instead; it is therefore called *pure.* It has been purified or aerated." (This last sentence in heavy black letter.)

Is there any woman so ignorant of the functions of the body as to need this simplicity of instruction? A child under ten years would doubtless need it, but hardly anyone of more advanced age. Side by

side with this much diluted matter, we find the tables of nerves, of arteries, and of veins which could not possibly be comprehended by anyone whose knowledge of anatomy had been imparted from the earlier portions of the book. It is distinctly mortifying to be asked to accept a book like this, implying a lack of education and even a lack of capacity for education, and this not to nurses alone but to all women of average intelligence. This is an age that rather prides itself on the practical and elective qualities of the education which girls and young women receive. The young people of this generation while they need not, as in former times, be taught piano at any cost, or the painting of bad pictures, or the making of wax flowers and antimacassers, at least know their geography better than did Columbus, and their circulation better than the greatest scientists who preceded Harvey. We seem to have struck a wave of retrograde influence that threatens to carry us a long way back again on the road which has been travelled with so much difficulty. It behooves us to stand firm and resist this sinister movement whether it manifests itself in the shorter course of training in our schools, the lowering of our scale of prices, or the adoption of books expurgated to puerility as in the present instance.

Doctor Bundy might revise the book, donating her charming little talk of the human anatomy to the grammar school, and giving to the nurses, for whom she professes sincere regard, the plates and the tables which are both an advance on what we have.

Plaster of Paris and How to Use It. By Martin W. Ware, M.D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery, New York Post-graduate Medical School. Twelve mo.; 72 Illustrations, about 100 pages. Cloth, $1.00. Surgery Publishing Company, 92 William Street, New York.

The Surgery Publishing Company of New York has already given to the public a succession of bright, lively, and practical books which are particularly helpful and useful to nurses, although they are not addressed to the nursing profession. The latest to come to our notice, "Plaster of Paris and How to Use It," adds another to the list. There is always to be noted in these publications an air of novelty, an elimination of the practices which have fallen into disuse, and a fresh and modern way of approaching a subject, as though one were actually in a present day clinic. The first chapter deals with the plaster of Paris bandage, the quality of the plaster, the storage of plaster and bandages,

the material for making bandages, manner of making and rolling the same, the immediate preparation of the bandages for use, the application, the best means for removal of a splint, the removal of waste plaster from the hands and toilet of the operators, and the disposal of refuse.

The application of the plaster of Paris bandage to individual fractures follows, with valuable notes on the complications to be guarded against, as the swelling of extremities, excessive inflammation, stopping of the circulation, paralysis, etc. The posturing of the patient is vividly described and amply illustrated, often from original sketches and photographs; indeed the illustrations form an important part of the book. A short chapter at the end of the book is devoted to the use of plaster in dental surgery.

The subject, however well known to those still in hospital or dispensary, has been rather overlooked in literature, and we feel confident that Doctor Ware's book will be hailed with enthusiastic welcome by nurses all over the country, independent of the demand it is sure to create among surgeons and general practitioners.

The subject matter is always handled in the briefest and most business-like style, not a word wanting, and not a tedious line, the whole forming a book which is calculated to hold the attention of anyone who is so fortunate as to come across it, whether a professional or layman. Moreover, it has a most attractive appearance in its artistic cover of rough red cloth with gold lettering.



"THERE is always this to remember in time of trouble: It is never as dark outside as it looks to be when stepping from the door."

A MAN from the country went to a noted sanitarium which makes a specialty of baths and queer pre-digested foods, and when he got back said: "They washed me internally, externally and eternally; I didn't object so much to living on baled hay, but I drew the line at eating excelsior mattresses."

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING FEBRUARY 12, 1907

BECHTLE, CARRIE, formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

BELLIANA, BERTHA, under orders for transfer from the General Hospital Ft. Bayard, New Mexico, to the General Hospital, Presidio of San Francisco, to await the sailing of the transport on May 6th to the Philippines Division, where she will be assigned to duty.

DENAHY, MARIE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Sherman April 5th.

DODDS, FRANCES BASTYAN, graduate of the South Side Hospital, Pittsburg, Pa., class of 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco to take effect April 15th.

DUNCAN, ADELAIDE, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Sherman April 5th.

EDWARDS, ELIZABETH F., under orders for transfer from the General Hospital, Presidio of San Francisco, to General Hospital, Ft. Bayard, New Mexico.

FARISH, WINNIES, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HAENTSCHE, AMALIE IDA, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Ft. Bayard, New Mexico.

HAMMETT, ANNIE M., recently on duty at the General Hospital, Presidio of San Francisco, discharged.

HEPBURN, SARAH M., under orders for transfer from the Division Hospital Manila, to Zamboanga, Mindanao, P. I.

JAMES, AGNES F., under orders for transfer from Camp Keithley to the Division Hospital, Manila, P. I.

KALLAWAY, OLIVE VINTON, graduate of the South Side Hospital, Pittsburg, Pa., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, to take effect April 15th.

LANGSTAFF, LOUISA E., under orders for transfer from the Division Hospital, Manila, P. I., to the United States for duty.

LASON, ELEANOR, under orders for transfer from Camp Keithley to the Division Hospital, Manila, P. I.

PLUMMER, SAMANTHA C., appointed Chief Nurse at Camp Keithley, Mindanao, P. I.

POSTLEWAIT, CLARA L., under orders for transfer from Division Hospital, Manila, P. I., to Zamboanga, P. I.

PURCELL BERTHA, transferred from the Philippines Division to duty in the United States, reported at General Hospital, Presidio of San Francisco, March 17.

ROTHFUSS, EMMA, under orders for transfer from Division Hospital, Manila, P. I., to Zamboanga, Mindanao P. I.

SHEA, ANNIE M., transferred from the Philippines Division to duty in the United States; reported at the General Hospital, Presidio of San Francisco, March 17.

SMITH, CATHERINE, transferred from Zamboanga to Camp Keithley, P. I., for duty.

UNDERWOOD, ELEANOR, transferred from General Hospital, Ft. Bayard, to the General Hospital, Presidio of San Francisco.

WILLS, HARRIET ELSIE, under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippine Division for duty; to sail on the transport of May 6th.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | JUNE, 1907 | NO. 9

EDITORIAL COMMENT

RECORD KEEPING

Among the many important things that have come to light as a result of state registration and inspection is the fact that too many training-schools have been negligent in regard to keeping a record of their pupils; a number of schools that we know about having not even the names of the women who have been given diplomas. These have been unable, when one of their graduates made application for registration, to offer any information as to the character of her work or conduct during her period of training, or to give the date of her graduation. When schools show such a lack of responsibility for their pupils, how can the graduates be expected to come forth with any fitting sense of obligation to their profession or to the public?

Members of boards of nurse examiners have, in a number of cases, been greatly hampered by this lack of definite information which the training-schools should have been able to furnish. Another trouble arises from the fact that where records *are* conscientiously kept, too much attention is centered upon the moving of a nurse from one ward to another and not enough is given to the character of her work. The "remarks" of a pupil's record are as important as those of a patient's, and both are too much neglected. The record of a pupil in training should be a fund of such information as will be required later by the secretary of a directory for nurses when it is necessary that she should know the varying qualifications of the nurses on her list, and their suitability for various kinds of work.

In order to supply these demands, the school records should show: First, what sort of practical training the nurse has received, in how

many departments of the hospital she has worked, the length of her stay in each, her positions of responsibility as night nurse, surgical nurse, or head nurse; second, what her theoretical training has been, what classes she has attended, what lectures she has heard and what her marks have been for each; third, the record should show, not in a few words at the end, but all the way along and in detail, the character of her work in each service, whether good, indifferent, or bad, what her bearing is to her patients, her teachers, her fellow-workers, where she shows special adaptability and where she seems lacking, where a reprimand has been given and its cause; fourth, the record should keep an account of absences from duty and time to be made up.

It is evident that there should be a general reform in record keeping and there is no better time than the present, when the subject is before us, to begin a more uniform system which will not only be an aid in looking back for facts in a pupil's career, but which will give the superintendent of a school a clearer view of her own nurses while they are with her, and which may even afford the nurses themselves a juster superintendent of a school a clearer view of her own nurses while they should be able to view the field and assign work which is due, or fill out some deficiency, better than if she trusts to her memory. When a school changes superintendents, what a help it is all round if the new head can find waiting for her a full and clear account of the training up to date of the nurses committed to her care.

Last year, an outline of a form for record keeping was made out by one of our staff, after a comparison of many records of the representative schools. This is now published in the JOURNAL, not as a model record, but as an inviting peg upon which comments and criticisms may be hung, in the hope that after a full discussion by those interested, an amended form may be evolved good enough to warrant its being published by the JOURNAL, either in book form, or on cards for a file, where such a form is preferred.

THE SUPERINTENDENTS' MEETING

As it was not our privilege to attend the superintendents' meeting this year, we are not able to give a detailed report of the proceedings, but from all accounts received it was largely attended and was most interesting, both professionally and socially. As the proceedings are to be published in the July number of the JOURNAL we are not holding back these pages for the secretary's report.

THE ASSOCIATED ALUMNÆ

THE tenth annual convention stands out clearly before all preceding meetings for the definite conclusions reached on important subjects. The growth in confidence, harmony, and poise of the members was more clearly descernible in this meeting than ever before. Not only did the members discuss important subjects but they were ready to act upon them without hesitation. It is impossible in the short time and space at our disposal to touch upon all the subjects that were brought before the convention but we mention those that seem most vital at this time.

The subject of the endowment of the chair at Teachers' College was most ably championed by Miss Nevins of the Garfield Hospital, secretary of the American Society of Superintendents of Training-schools. A most enthusiastic discussion resulted in pledges from the delegates of contributions amounting to more than four thousand dollars which will undoubtedly be increased after the delegates have laid the matter before their local associations. This, added to the amount pledged at the superintendents' meeting at Philadelphia the previous week, brings the total from these two meetings to between six and seven thousand dollars. While the money is, of course, very important, the broader interest and growing enthusiasm of the members gives assurance of the ultimate success of the endowment of the chair at Columbia. The fact that Miss Nutting is to have, in a general way, supervision of this course after the autumn has added very greatly to the general interest shown by the members.

THE ACTION OF THE NATIONAL SOCIETIES ON THE THREE YEARS' COURSE

AT the meeting of the American Society of Superintendents of Training-schools, which held its annual meeting in Philadelphia on May 8, 9, and 10, a resolution was passed in approval of the three years' course of training for nurses and in condemnation of the return to the two years' course. At the meeting of the Associated Alumnæ at Richmond, May 14, 15, and 16, a resolution which was to have been presented was overlooked in the pressure of business of the last session. This oversight was corrected before the members separated, and at the request of the president, Miss Damer, the members were called to the deck of the steamer as it approached Jamestown Island, and a resolution, presented by Miss McMillan of Chicago, and seconded by Miss Alline of New York, endorsing the three years' course with shorter hours, and disapproving

a return to the two years' course, was unanimously carried. This action led to much controversy among the members in groups in regard to the long hours both in hospital and private duty and some of the suggestions we overheard lead us to believe that the next great concerted action for nurses of the whole country must be along the lines of shorter hours for all hospitals conducting training-schools. If women in factories and sweat-shops are worthy to be protected by law from the abuse of overwork, certainly the nurses in our great eleemosynary institutions are entitled to the same consideration. We have waited in vain for the universal adoption of the eight hour system by the boards of managers who control these institutions, and we believe that public sentiment must be brought to bear upon this vital question.

TO ASK FOR REPRESENTATION

Miss Damer, the president, in her annual address, advocated representation from alumnæ associations on the boards of managers of training-schools. Acting upon this suggestion, a motion was introduced and unanimously carried that the affiliated societies should, either by conference or by letter, as might seem in each case more advisable, ask for representation on the boards of their schools. In this, the nurses are only asking for what should have been offered to them, as there are very few educational institutions which exclude entirely graduates of the institution from the management. If there is to be harmony and coöperation in the future between the nurses and the training-schools, a voice in the management of the schools becomes essential. We hope every alumnæ will act promptly at its first fall meeting, bearing in mind that such action must be in the form of a most courteous request and not a demand, and although success may not come with the first effort, we believe that it will in time if the matter is properly managed. To some boards this request will come with something of a shock and may seem almost an impertinence.

FALSIFYING OF RECORDS

One of the most animated and interesting discussions which took place and in which the private duty nurses were especially interested, was that brought out by a question from the question box: "Who owns the chart,—the doctor, the nurse, or the family?" It was shown that in a number of legal contests the decision of the court has given the chart to the family, and instances were cited where, in a murder case and in

a division of property, the verdict was rendered by the evidence contained in a nurse's record.

The discussion brought to light the fact that on account of the curiosity of the family during the progress of the patient's illness, false records are frequently made, the interpretation of which are understood only by the doctor and the nurse. If these charts are recognized legally as being of such importance, it becomes doubly necessary that they should be accurate. It is degrading to both physician and nurse to have such records made, and it would be humiliating to have them produced in court and not to be able to swear to their accuracy. Further, it is lowering to the moral status of the woman to lend herself to such deception. It is within the province of the physician to forbid the family to read the record while the case is in progress, and we believe that if both he and the nurse would exercise proper tact and judgment stooping to such deception could be avoided.

We believe the occasions are rare where either a physician or a nurse is justified in deliberate misrepresentation of the truth in dealing with their patients or with the members of their families. We are still of the opinion that professionally the chart belongs to the physician and that on the termination of a case he should decide what should be done with it. The growing custom of a nurse's keeping her records in a bound book and carrying them from one case to another seems to us most undesirable, especially if these record books are accessible to any members of a family, nor do we think it ethical for physicians to scrutinize the history sheets of their brother practitioners as we know they do upon occasions.

Another question which arose during the discussion was that of the disposal of the record when either the nurse or the physician or both are discharged from a case. One speaker cited an instance of being called to a very sick patient where both she and the doctor worked in the dark at first, as the record had been carried off by the former attendants. This might be a menace to life, and it would seem the only justification of the decision of a court that the chart belongs to the family. Common professional courtesy from one physician and nurse to another would demand that when leaving a patient before the case has terminated the chart should be left.

ALMS HOUSE NURSING

Mrs. Caroline Bartlett Crane of Michigan, who is devoting herself to the cause of obtaining better care for the aged and sick poor in almshouses, made a stirring appeal to the members to coöperate with the women's clubs in all of the states for reform along these lines. The

Michigan nurses are already coöperating with the Michigan federation of women's clubs and a full report of the progress which has been made was read by Mrs. Lupinski and will be noted with interest when the proceedings are published in our August number.

All of the subjects which were presented at this meeting were of so important a character that they should be made the basis of the work in state and local associations during the coming year.

THE SOCIAL SIDE OF THE CONVENTION

The entertainments at Richmond were such as could not have been given elsewhere and were of a most enjoyable character. One evening was devoted to a concert given the association by Mr. Polk Miller, who has made a special study of negro melody as he remembers it from his childhood. His talk on this subject, interspersed with quaint anecdotes, was most interesting and unusual, and was illustrated with the music given by his quartette of negroes.

The officials of the society were entertained at the home of Miss Mary Johnston, the authoress, and of her sister, Miss Eloise Johnston, a Richmond nurse, where they had the opportunity of meeting some of the prominent men and women of the city.

The delegates were enabled to visit the old Richmond churches, so full of historic interest, to see work in a tobacco factory and to listen to the singing of the workers, while the crowning event was, of course, the trip down the James River. The forest covered the banks at each side, with an occasional break where a noted plantation appeared, but for miles at a time the woods, filled with azalias, and with cardinals flitting through the tree tops, seemed uninhabited, and we might have been the original explorers. A stop was made at Jamestown Island for an hour, where the mounds of defense thrown up by the early settlers, the old church tower, the original foundation of the church, the absence of present occupation, and the prevailing peace and quiet gave one a deep sense of having gone back to the beginning of things. It was a rare treat. Many of the nurses availed themselves of the opportunity, so thoughtfully arranged for them, of spending a day at the exposition or at some of the interesting places near by. The unfailing courtesy and kindness of the Virginia nurses will remain long in our hearts. Some one was overheard wishing that we might take their gentle southern voices home with us. To entertain so large an assembly was a great undertaking for so small a group of women, and their guests hope that the inspiration left behind may equal that which was carried away.

A FAIR STATEMENT

In the April number of *The Interstate Medical Journal* is found an editorial on the "Question of a State Law for the Registration of Nurses" in which the writer treats the subject so broadly and fairly that we quote it in full for the encouragement of our readers who have met with defeat in registration through medical opposition. The little Pennsylvania pamphlet referred to in this editorial is, in our opinion, a disgrace to the profession of medicine when we consider the standing of the men whose names are attached to it. It not only misrepresents the truth in regard to state registration and the nursing situation but is undignified and unprofessional in tone and language. It is indeed remarkable that Pennsylvanians should have been obliged to so play to the gallery in order to defeat the efforts of the nurses of the state in their struggle to secure a legal status through state registration. The editorial reads as follows:

"In a most interesting little pamphlet, we note that there is much agitation in Pennsylvania over an act now pending in the legislature which will, if passed, require the registration of nurses. This pamphlet, which is our source of information, has appeared under the auspices of the Interstate Committee on Nursing, which committee has for its object the 'regulation and advancement of nursing, the spreading of correct information regarding the duties and limitations of the nurse, and the proper relations of the nurse to the medical profession and to the community.'

It seems that the title of 'trained nurse' is one that admits of great latitude, so much so, that the class of individuals calling themselves consists of an onslaught upon the trained nurse, and makes a violent appeal against the passage of the law for the registration of nurses, on the ground that it is not only unnecessary but positively harmful.

It seems that the title "trained nurse" is one that admits of great latitude, so much so that the class of individuals calling themselves trained nurses may be said to be made up of women ranging from the intelligent, well-educated woman, with much hospital experience, down to the ignorant, self-complacent individual, who has had years of experience but no definite training. Some of our professional brethren in Pennsylvania seem to regard the trained nurse as an entity, losing sight of this range of personality and acquirements, which in itself presents the chief consideration in the passage of such a law. We do not claim that all intelligent, well-educated and well-trained women are good women, but we are aware of the fact, on the other hand, that all ignorant women are not good women. It is a fallacy to suppose that, because

certain educated nurses are overbearing and require too much waiting upon, these faults result from their training. It is equally fallacious to reason that, because a woman is ignorant and unofficious she is a good nurse and will obey the physicians' orders when left with the patient.

Undoubtedly, since the systematized training of women to become nurses began, the care of the sick and injured has been improved by myriads of details, of which the masculine mind is as a rule incapable, and of which the untrained female mind does not see the need. The great blunders and mistakes that arise in the treatment of the sick and injured, usually have their source in carelessness on the physician's part or ignorance on the part of the nurse, or a combination of these faults. For argument's sake, let it be assumed that the ideals of the properly trained nurse are high ideals; also that the ideals of the ignorant so-called trained nurse may be high, but that the chance is that she has nothing to fall back upon but her womanly interest in nursing, which is one of the most fruitful sources of serious mistakes or of insubordination on her part. Assuming as a matter of course the truth in the idea that education and training are our chief resources against vicious carelessness and ignorance, it seems clear that the woman who has honestly gone into nursing from the outset with the intention of fitting herself for this calling and attaining as much knowledge and proficiency as possible, has a good case when she asks of the state that she be protected from those who masquerade as nurses and bring the work of the nurse so often into disrepute by their lack of cultivation as women, and their absolute ignorance of the objects of medicine.

Culture, refinement, education and definite professional training are the qualities that should be demanded of a professional nurse if she is to have a fixed place in the community. The first step towards this end is the registration by the state of those who are capable and the exclusion of those who are unfit. So energetic a demand as that contained in the pamphlet issued against the passage of the Act for Registration of Nurses in Pennsylvania seems far beneath the dignity of any fair-minded person, and much further than this, beneath the dignity of a physician whose aim should be toward the betterment of medical conditions in the community. If any physician or surgeon has repeatedly had the sad experience with nurses which are set forth in the pamphlet; if in his contact with professional nurses, especially where they have been of good hospital training, he has again and again found them overbearing and critical, let him take an honest, unprejudiced look at himself and his methods, and compare them with the standard set by any modern hospital for its medical staff. Perhaps he will discover something.

The trained professional nurse is an absolute necessity to the modern physician, and incidentally to the modern patient. The better her training and the better her general education, the surer will be the chance of her being a good woman and a good nurse. As a class trained nurses should set up requirements and be very careful whom they admit into their sisterhood, and the state should see to it that they are protected.

The statement of Mrs. Fenwick in *The Outlook,* January 6, 1906, has acted as a violent stimulus to the writers and signers of the Pennsylvania pamphlet. In this our brethren make a serious mistake, as they seem to consider it a representative statement whereas in all probability it is only the statement of a much-biased and enthusiastic woman.

Concerning insubordination on the part of nurses, any clear sighted physician need only ask himself once (if he greatly values his medicines) to be convinced as to which sort of nurse, in all human probability, would be the more likely to cast his concoctions out of the window. Would it be the educated, refined woman, who understands rational therapeutics, or would it be the old Betsy Prig or Sairy Gamp, who has long administered catnip tea and done obstetrics on her own responsibility?

The regulation and control of nurses by state law is a great step in the advancement of medicine. For a time the passage of such a law might be followed by unpleasant conditions, due to individual misconception, but the end-result would certainly mean a purification of the nursing ranks similar to that produced on medicine in general by the legal demand for the registration of medical practitioners."

AFFILIATION

To those interested in the results which follow state registration it is gratifying to note the steady progress made along the lines of affiliation of training-schools, especially of those which would give a one-sided and incomplete training alone, but which offer admirable service in special lines. Two schools which afford an example of this are the Isolation Hospital, Toronto, and the Lying-in, Chicago. The Riverdale Isolation Hospital has a training-school of its own, but as it is affiliated with St. Mary's Hospital of Detroit, its pupils have a well rounded training. The Riverdale Hospital is beautifully situated in large grounds of its own, on the bank of a river. It is devoted to the care of patients having contagious diseases, and it has under its care a small-pox hospital, situated a short distance away, where its pupils may have the opportunity of studying this disease. The nurses are vaccinated before taking this service, no matter how recently this had been done, and no nurse or

attendant has ever contracted the disease. During the last twelve years there have been only three deaths among the small-pox patients. In the Riverdale Hospital, proper, there are one hundred and seventy-five beds, and it affords both practical and theoretical work.

In the Lying-in Hospital, Chicago, there is affiliation with several different schools and also a post-graduate course. The technique is similar to that followed in the dispensary work, described in Dr. DeLee's article in the May JOURNAL. The special advantages of training in such a place lie in the fact that the students are receiving a full course of instruction in a place especially equipped for the work, and from teachers who are leaders in this line of work.

The recent opening of Bellevue, The Woman's Hospital, New York, and, as announced in this JOURNAL, of the S. R. Smith Infirmary, Brooklyn, to post-graduate students or for affiliation illustrate further developments along these lines.

PROGRESS OF STATE REGISTRATION

VERY much to the disappointment of those who have been working hard during the past year in preparing an amendment to the bill already passed in the state of New Jersey, that would more nearly conform to the requirements now in force in other states, an opposition movement was started by nurses at the eleventh hour, where no previous interest had been shown in the matter, and when it was practically too late to reopen discussion, as the bill was ready for introduction. On being presented in the house, interest had been secured which placed it in the committee of miscellaneous business from which it never emerged.

It is realized that the measure was undoubtedly due to the unsettled spirit that prevails over the New York hospitals at present, producing the uneasiness against the enforcement of the three years' course. It is earnestly hoped that the coming year will bring a decision in the furtherance of this most essential point, that there will be no such retrograde movement either in New York or New Jersey as a return to the short term course, and that the delay in the New Jersey registration will be but a temporary setback which can be overcome by a clearer insight into the future welfare of the profession in this state.

The Illinois bill has passed both houses of the legislature, has been signed by the governor, and has become a law. We regret that we cannot give a copy of the bill before September.

AN OPPORTUNITY FOR WORK ABROAD

The Domestic and Foreign Missionary Society of the Protestant Episcopal Church is in urgent need of two trained nurses for work in China; one for St. James' Hospital, Anking, and one for St. Peter's Hospital, Wuchang. The qualifications are a good degree of professional skill, robust health, ability to acquire the language, to work well with other members of the staff and to direct Chinese assistants. Volunteers should be preferably not over thirty and must be members either of the Episcopal Church in the United States, England, or Canada. Both hospitals are well equipped and have a large field for useful service. Full particulars can be obtained from Mr. John W. Wood, 281 Fourth Avenue, New York City.

AN OPPORTUNITY FOR WORK AT HOME

The New York Association for Improving the Condition of the Poor calls for trained nurses who will volunteer for its summer work. Some are needed on the staff at Sea Breeze Hospital, for children suffering from tuberculosis of the bones and glands; some for district work in tenement homes; and others at Junior Sea Breeze where, in the heart of the city, sick babies' lives are saved and their mothers are taught how to care for them. The compensation will not be large but the opportunity offers rich reward in service rendered and in experience gained under progressive and inspiring leadership. Applications should be made at once and may be addressed to Mr. William H. Allen, General Agent, 105 East Twenty-second Street, New York City. This organization, with its sixty-three years' experience, is one of the most progressive and strongest social forces in New York. Last year it relieved over four thousand families in their homes besides giving fresh air outings to twenty-three thousand women and children.

A MESSAGE FROM THE CANAL ZONE

When too late to publish with Miss Freeland's paper on Nursing in the Canal Zone, we received a very interesting set of photographs from Miss Louise A. Furber, one of the nurses of the Colon Hospital, and a graduate of the New England Hospital of Boston. We shall reproduce the photographs in a later issue as they give such a clear idea of the Colon Hospital that they hardly require a reading description. We do not make a practise of publishing letters of appreciation of the Journal

which are constantly coming into our hands, but we were especially gratified with the note which accompanied the photographs, which reads as follows: "I wish to add a word of appreciation for our JOURNAL; it is doing so much to keep us in touch with nursing affairs, and in a way makes up to us for the loss of state and alumnæ meetings, which is unavoidable to those of us who leave home."

RED CROSS WORK

ONE of the special features of the JOURNAL, beginning with the fall issues, will be a department in Red Cross work, which will be directly under the supervision of Miss DeWitt at the Rochester office. First we propose to give a brief outline of the work of the Red Cross as it is being reorganized, with special reference to the nursing side of the work, which will be followed, month by month, by reports on the enrollment of nurses from the different states, taking up in turn the same subject in other countries and keeping before our readers the progress in the development of Red Cross work the world over. For this department we want contributions from nurses everywhere who are engaged in this work and who are interested in the enrollment of a great body of Red Cross nurses.

UNCINARIASIS: A MEDICAL PROBLEM OF TO-DAY

By ESTHER VOORHEES HASSON, R.N.,
Isthmian Canal Hospital Service.

Uncinariasis or ankylostomiasis, more popularly known as hookworm disease, although especially prevalent in tropical and subtropical climates, has for a number of years been steadily gaining ground in many of the European countries and to a lesser extent in parts of the United States. On the continent it is in a great measure confined to workers in mines, brickyards and tunnels; in fact one of the names by which it is known is "Tunnel disease." In Belgium, in one mine alone, over seventy-five per cent. of the workers were found to be infected with the parasite.

In the tropics it has been estimated that the little worm kills more people annually than yellow fever did in its palmiest days, and in Porto Rico so frequent are fatalities from this source that it is called by the people "*la muerti natural*" or the natural death. In view of the widespread and ever-increasing interest aroused in the medical world and from the fact that commissions have been appointed in various countries for its study and treatment, a few words upon the subject to the kindred profession of nursing may be welcome, more especially to those of us whose fields of labor lie within the infected area.

The definition of uncinariasis given by the commission appointed by the Legislative Assembly of Porto Rico is as follows: "A specific infectious disease of tropical and subtropical climates and of favorable localities in the temperate zone, occurring in individuals who come in contact with damp earth or muddy water containing the larvæ of *uncinaria deodenalis* or *uncinaria americana;* characterized by an insidious progressive anemia, weakness, various nervous and digestive disturbances; generally capable of cure on removal of the parasite and capable of prevention by a proper disposal of human excrement." Although the existence of the disease and the parasite causing it were known to Italian physicians as early as 1843, it did not receive especial notice until the year 1879 when the attention of the medical profession was drawn to the great St. Gothard tunnel epidemic of anemia. Hundreds of workmen sickened and died from causes unknown to medical science.

At length an Italian physician discovered in the intestines of a man from the tunnel who had died of the mysterious disease over fifteen hundred uncinaria. The knowledge thus gained began to be applied in

other directions; to the hitherto unexplained anemia of brick yards, mines, etc., of France, Hungary and other countries, and for the last eight years civilized nations have devoted much study and money to the problem of ridding humanity of the disease and its source of infection. Germany, in particular, has been unceasing in her efforts since the widespread epidemic in the Westphalia mining districts in 1895. Enormous sums of money have been spent, and at the present time success seems to be well within her grasp, although the fight still continues. The United States has recognized the importance of the work by appointing Dr. Charles Wardell Stiles, of the Marine Hospital Service, to determine by investigation the frequency and distribution of uncinariasis in the southern states. Dr. Stiles found that it is prevalent and that such diagnoses as pale skin, heart disease, and malaria cachexia, must undergo a radical change. Our government also afforded substantial aid to the above mentioned Porto Rico commission. To the naked eye, the Uncinaria Americana has the appearance of a thread-like worm from one-fourth to one-half inch in length; under the microscope its distinguishing characteristic is the head, which is bent backwards, giving to the parasite a hook-like appearance from which it familiar name of "hook-worm" is derived. It is usually found in the upper half of the small intestine with the head so firmly buried in the mucous membrane that much force is required to dislodge it.

Until quite recently pathologists have agreed that the worm is a blood sucker, subsisting upon the plasma alone and not upon the corpuscles, but it has been a disputed point whether it is possible for such tiny creatures, even although present in great numbers, to abstract enough blood to cause the intense anemia usually found in infected persons. Loos and Sangalli have lately advanced the theory that the uncinaria draws its sustenance entirely from the intestinal mucosa and not from the blood. Although this is still a doubtful point, there is a general concensus of opinion that the anemia is due largely or entirely to a toxin in some way generated by the infecting parasite. Infection occurs as follows: the ovo *never* hatches in the human body but in the earth after its expulsion in the feces. In the soil, provided that favorable conditions as to temperature, moisture, shade, etc., exist, the ova becomes an encapsulated larva and in this form may enter the body in one of two ways or both: First by mouth, in muddy water, imperfectly washed vegetables, or through any contamination of the food and water supply; second, and by far the more frequent way, is by penetration of the skin. Until recently this mode was considered questionable, but it is now an absolutely accepted fact.

It has been demonstrated within the last few years that soil or water containing the larvæ, when applied to the skin, give rise to an acute dermatitis, sometimes called ground itch or water itch, followed by the formation of vesicles and by swelling. In this way the larvæ penetrate the muscles, but it is not until several weeks later that they reach the intestines and become adult worms. The chief diagnostic sign is the appearance of the ova in the feces (distinguishable only under the microscope), and another of great importance is the extreme anemia usually present, in very severe cases the hemoglobin being as low as eight per cent. Uncinaria may be present in the intestines without any of the usual pathological signs with the exception of ova in the feces. In Great Britain, the United States, our island dependencies, and in parts of South America, thymol is the usual remedy, and in the hospitals on the Isthmus of Panama it is the only drug that I have ever seen employed.

Treatments differ as to dose and mode of administration according to the view of the physician in charge. The following are the standing orders for thymol treatment in the ward at Ancon Hospital where I am at present on duty: "Light supper or liquid diet the night before; calomel, gr. iii, 8 P.M.; mag. sulph, 50 per cent. sol, ℥ i, at five the next morning; no breakfast; stop all other medication; thymol, gr. xx, in capsule, at six, repeat at seven; mag. sulph. sol, ℥i, at eight. The calomel is given, not alone for its purgative effect, but because it sweeps the intestine free of mucus and leaves the worm exposed to the full effect of the vermifuge. At midday, return to usual diet and medication.

The stools, from the first dose of thymol until the last dose of salt, must be saved for examination. In addition to the ova, they nearly always contain dead uncinaria in great numbers. Several treatments, five or six days apart, may be needed to rid the intestines entirely of the unwelcome inhabitants, and they are persisted in until no trace of the parasite can be detected in the feces. Between the treatments, and after their termination, a liberal diet is indicated and also some good blood-making tonic.

On the continent, *Felix Mas* (male fern), is the remedy most in favor, as it is thought by most European physicians to be less dangerous than thymol which, when absorbed, is a powerful depressant, from the use of which collapse and death have been known to result. More recent experiments show conclusively that the chief danger lies in its administration on a full stomach and in an alcohol or oil solution. Thymol is but slightly soluble in water and, when given after the necessary preliminary precautions have been observed, passes from the body

practically unchanged. For this reason, castor oil should never be the cathartic given and alcoholic stimulants by mouth should not be allowed under any circumstances as both render the drug more soluble and easily absorbed. When the hemoglobin reaches 75 per cent. the cure is considered complete. A remedy much employed in India, and coming into use extensively in South America and the West Indies, is beta-naphthol, which has all of the vermifuge properties of thymol at one-tenth the cost.

As already stated, the ova never incubate in the body, and so it is evident that when the original number of worms has been exterminated, the cure is complete, unless the patient is reinfected, and this is the discouraging feature of the treatment of uncinariasis, as such infections are almost unavoidable so long as the ground in certain localities fairly teems with the larvæ of the parasites. The only efficient preventive measures seem to be prompt and vigorous treatment of all infected persons together with a thorough system of sanitation and stringent ordinances against soil pollution by human excreta. Various methods of soil disinfection, for the destruction of the larvæ, have been tried, but thus far results have not been encouraging. Even at best they would be imperfect as the expense would be enormous, and such a concentration of chemicals in the strength required would be extremely dangerous as well. Sanitation seems to be the only solution of the problem.

NURSING TREATMENT OF INFANTILE DIARRHŒA

By ALICE P. GOODWIN
Graduate of the Massachusetts Homœopathic Hospital, and of the Boston Floating Hospital

The subject of infantile diarrhœa would seem at first thought to be a simple matter; but the more study and observation are given to it, the more apparent becomes the comprehensive nature of the disease. So many causes and so many different methods of treatment are discovered, that finally the conclusion is reached that each infant having diarrhœa is a case by itself, and that the treatment must be largely determined by the symptoms and progress of each particular case. Careful attention should be given an infant who is only mildly afflicted, as the disease frequently develops rapidly into one of the more serious forms.

Diarrhœa most often occurs in artificially-fed infants, as it is easy for bacteria in impure milk to enter the digestive tract; most of the cases are between the ages of six and eighteen months. It is especially prevalent among the poorer classes in large cities, but many cases also occur in the country, being due often to impure milk or to carelessness in preparing the food. In cities there are the added unfavorable conditions of bad air, unclean tenements, crowded conditions, and hot weather. Heat increases liability to diarrhœa, and the infant mortality during the summer months in our cities is appalling, the estimates being that nearly three times as many infants die during July and August as during any other two months in the year.

Much is being done to relieve these conditions. A change of air is one of the first things to be recommended, but this is not always easy to accomplish. Many of our hospitals have roof-gardens, where the babies are much benefited by the sunshine and fresher air. A change from the hot impure air of the tenement-house districts even to the city parks, or a daily trip on the water, will often effect wonders. The floating hospitals of the different cities are doing much to meet this need of sea air, and as usually no charge is made, they are accessible to the poorest classes. The Boston Floating Hospital is a decided improvement over most of the others in that, besides having one deck for babies who are not seriously affected, it provides permanent wards for those who are too ill to be carried to and from their homes each day. In these wards the utmost is done to prevent the development and spread

of different bacterial diseases. The nurses wear different aprons inside the wards, and the greatest care is taken in disinfecting the hands before preparing the food or feeding the babies. Great care is taken not to infect the other patients; and because a baby who has recovered from one attack of diarrhœa can be reinfected, each case is discharged as soon as possible. These babies often look very thin and pale when discharged as cured, but they soon begin to improve, and it is much safer to let them go than to expose them to reinfection.

Diarrhœa is usually caused by nervous conditions, bacteria, or some foreign substance which cannot be disposed of in the ordinary process of digestion. The exciting cause should in every case be combated and removed. If it is a cause which acts on the nervous system, as improper food, heat, cold, excitement, or fright, a simple diarrhœa is the result, and usually a change of climate, the withholding of food for a day, and some medicine to check the number of dejections will remedy the trouble. If, however, bacteria are the cause, the problem is more complex. Bacteria are always found in stools, even of healthy infants; but in diarrhœal stools they multiply enormously. They are always introduced into the intestinal tract through the food. As yet no specific form of bacteria has been found to be constant in diarrhœa, but much attention is being given to microscopical examination of feces. These bacteria or their products produce changes in the intestines varying from irritations to deep lesions.

If a drug could be introduced which would kill the bacteria without injuring the baby, and if a food could be found which would nourish the baby without also nourishing the bacteria, one problem would be solved,—but as it is we can only make use of something which will arrest the growth of the bacteria. Thus irrigations of soda, salt solution, creolin, or boracic acid solution are given with good effect. This irrigation takes place after a cathartic has been administered to clear the intestines, and after lavage, if the stomach is not empty. In regard to feeding, experience shows that a baby can be practically starved for twenty-four or forty-eight hours, thus depriving the bacteria of nourishment, while the baby lives on its tissues. With the use of plenty of water the lack of food is not minded so much.

After this period a very weak form of food is started, such as rice-water, barley-water, whey, or weak broths; then, if this form is tolerated, a greatly modified milk may be tried. As the baby improves, care should be taken not to increase the strength of the food too fast, holding to one formula longer than would ordinarily be done. The bottles and nipples should be sterilized between feedings; but the milk need not be

pasteurized or sterilized, if it is certain that the supply is pure, but the water added to it should be boiled, and the other ingredients pure. In all cases where it is possible, the mother should be taught the proper way to prepare the food, to care for the baby, and most important of all, measures of prophylaxis.

When the baby is unable, on account of excessive or persistent vomiting, to retain food given by the mouth, nasal, œsophageal, or rectal feeding must be resorted to, and the nurse should have on hand all the necessary appliances, sterilizing them before using. Hypodermic injections are given in cases of excessive vomiting, prostration, or heart failure. Stimulation is usually not resorted to except when absolutely necessary, as the heart muscle after responding to repeated stimulation, will fail to do so at the crucial point.

As to the question of clothing, light warm garments are the best, and flannel best meets this description. A flannel nightgown is usually enough for warm weather, but on very cold days, or if the baby has poor circulation, a flannel sacque may be added. A blanket under and over the baby and hot-water bag for the feet will aid in keeping it warm. Great care must be taken by the nurse in using the hot-water bag or can; as a baby who is wasted by disease is much more easily burned than one would think. Therefore it is best to have only a warm bag, and change it frequently.

As may be easily seen, a great deal depends on the nursing given these cases. Such constant attention is needed, that in an institution like the Boston Floating Hospital, one nurse can take care of only four babies. In private cases, the nurses should have everything at hand in readiness for an emergency,—as the appliances for lavage and gavage, hypodermic injections, subcutaneous injections of sterile salt solution, irrigations, and for controlling convulsions.

The bed-linen and the clothes which the baby wears should be soaked in a disinfectant solution before being laundered, and the diapers should be burned immediately after changing. They are best made of some cheap or old material. Old soft linen with cotton placed inside is good, and oiled or paraffine paper inside the cloth will protect the bed. The diapers should be changed at once, as soon as they are soiled, for the dejections are highly irritating to a baby's skin, and a raw and even bleeding surface is too often the result of improper care. The nurse should scrub her hands well and disinfect them after changing the diapers and before feeding-time. This is for her own protection as well as that of the baby. The nurse should also be ready to give a hot or a cold pack, in cases of prostration or of hyperpyrexia. In cholera

infantum, especially, much depends on the prompt action of the nurse, as the progress of the disease is so rapid,—the child often dying in twelve hours or less from the time of onset of the disease.

The nurse's notes and observations as written on the bedside chart are of the greatest assistance to the doctor, and guided by her accuracy in describing the symptoms and phenomena of the disease, he can more easily make a diagnosis and locate the part of the digestive tract which is involved. The dejections, expression of the face, position, motions, color of the skin, manner and amount of sleeping, character of the cry, and many other details are of more importance than they would at first appear to be to the inexperienced observer.

The dejections should receive the nurse's particular attention, and her description in the notes should include the number in twenty-four hours, the size of each, the consistency, whether watery, or semi-solid, the color and odor, and the presence of abnormal or foreign substances.

The color is varied. Green and bright blue always indicate an abnormal change in bile, sometimes caused by putrefaction going on in the intestines. Clay-color or white show the lack of bile, or the presence of undigested fat. Black usually means that a drug has been given, as bismuth or iron, but old blood may account for the color.

When the odor of the dejection is sour, it shows that changes in the sugars have taken place; and a foul odor indicates changes in the proteids. Abnormal substances are usually mucus, blood, pus, or undigested food, and sometimes a foreign substance which has been swallowed. Irrigations will often bring to light the most remarkable substances—as pickles, baked beans, and various foods which the baby's stomach can only reject without attempting to digest. The parents nearly always solemnly assert that milk has been the only food given. In this connection, every doctor and nurse caring for these cases, should do all in his or her power to instruct mothers in the simplest principles of cleanliness in preparing food and in caring for babies. This is a slow and usually a discouraging process, but many make use of the methods which have been demonstrated to them, and the results are more far-reaching than we realize.

NURSING IN THE CANAL ZONE

By ISABELLE FREELAND
Graduate of the Roosevelt Hospital, Ancon Hospital, Panama

TRAINED female nurses are employed in the Zone only at the Colon Hospital, where the steamers land on the Atlantic side, and at Ancon, across the isthmus, on the Pacific coast. Colon is low, flat, and uninteresting. Ancon is on a hill overlooking the city of Panama. The grounds of the hospital at Ancon are beautiful with tall palms, rubber trees, and flowering plants; roses bloom out of doors all the year round.

The dry season is from January until May. Occasionally there will be a shower, lasting one or two minutes, but generally speaking it does not rain during these four months. The dust is blown around in great clouds by the high winds. During the wet season it sometimes rains for days without stopping, with such force that it seems as if the roofs of the houses would give way and on other days there will be one heavy shower for five or ten minutes during the day. With the utmost care things will get mouldy. Leather goods suffer the most; backs of books peel off if left out very long, but keep very well in a glass case. Pillows and woolen goods smell musty, but these can be frequently put in the sun and warmed through. It is warmest from ten A.M. to three P.M., the mornings and nights being always cool. In the wards and at our quarters it is very comfortable (80°), more like the month of June in New York. In the sun it is often 100°, but a good breeze cools one off, and we never hear of a heat prostration case. All work and business stop between eleven and one.

The nurses go on duty at seven A.M. The hours of duty are from seven to nine in the morning, and from three to nine in the afternoon. Others are on duty from seven A.M. to three P.M. and a few from seven to twelve and from three to six. The night nurses' hours are from nine P.M. to seven A.M. for one month, two or three times a year. Orderlies and attendants assist in the work; the nurses take temperatures, give medicines, superintend the cleaning, do a great deal of clerical work, and occasionally are asked to give an alcohol sponge bath. In the one ward for women, some of the female attendants give baths and douches. These attendants are mostly colored people from Jamaica or Martinique.

At Colon, the wards are two-story wooden buildings, half built over the water. At Ancon, all are one-story high, with the exception of a

few just being built. Two, three, or four wards are placed close together, connected by a covered walk with lavatories and dining-rooms between These groups of wards are called sections, and are several minutes' walk apart. The grounds are becoming thickly settled with the cottages of the different married doctors and officers. About sixteen nurses, who are on duty near the officers' mess hall, go there for breakfast and dinner, all the others use the nurses' quarters. The meals served are: coffee at six-thirty A.M.; tea, coffee, chocolate, oranges and bananas, eggs, bread and butter, breakfast, eleven-thirty to twelve-thirty, which is a regular lunch; two-thirty to three-thirty, tea and bread and butter; dinner, six to seven. Coffee and crackers are served in the wards to those who wish them at nine A.M. Night nurses have supper at eleven P.M. and tea at three A.M. A large brake brings the nurses to the wards at seven A.M., three P.M. and nine P.M. It is a ten minutes' walk from the hospital gates to the nurses' quarters on top of the hill. The wards and other quarters are scattered throughout the grounds. To give an example of one ward: ward 3, section A, is a surgical ward for colored men; it has twenty-six beds and two private rooms. In this section, four wards are built in a semi-circle around the office of the chief nurse and the main store-room and operating-room. From the other side of the ward which is built high and overlooks the main road, the buildings seem to be up among the top branches of the trees, and almost reach the leaves of the Royal Palm trees. One looks down on the city of Panama, the Pacific ocean, and, at one side, the large Tivoli Hotel. The nurses can see the sun rise out the Pacific ocean and also the moon. There is nothing like the moonlight in the tropics,—such a soft mellow glow, with so many bright stars. There is no twilight; the sun sets, and almost immediately it is dark.

There has not been a case of yellow fever in the hospital for nearly a year; vessels from South American ports are quarantined. Many accidents happen on the railroad and in digging the canal. Malaria and pneumonia are the medical cases, the latter being fatal to white or black men. During the dry season there is very little sickness. Americans are careless and take shower-baths when they come in overheated, after a long walk or from playing base-ball. One game cost the life of one of the doctors and nearly that of the Quarter-master. The colored men lie down in their wet clothes, sometimes on the wet ground, and neglect themselves generally.

The food is nearly all sent from the United States in cans, even the greater part of the milk and cream that are used. There are no fresh vegetables or fruits except oranges and bananas which are grown

on the grounds. Some of the native fruits are nice. Pineapples are delicious, and are plentiful during half the year. Apples are sent from the States, and are mealy and dry, costing ten cents apiece. Before the commission owned its own cows, milk cost from forty to fifty cents a quart. The meats used are beef and mutton, principally mutton. Chicken is served on Sunday, and once in several months roast pork or boiled ham, while rice is served twice a day. Limes are always used instead of lemons.

Nearly half the nurses ride horse-back, either side-saddle or astride, using the latter because the horses are small and some of the roads rough and hilly. There is a monthly launch party every full moon on the Pacific, and on the first Wednesday in the month one regular dance at the nurses' quarters, besides frequent invitations to dances at neighboring places. There is a fine large reception room in the new quarters and also a library, which used to be used before the new quarters were finished. Ten new books are bought every month, making now about three hundred in all. The nurses are allowed to have all the callers they wish, when off duty, until ten-thirty P.M., and on Sunday afternoons, tea is served at four P.M., at Aconcita, the nurses' quarters.

The hospital has five hundred beds, and wards are being built to increase the capacity to eight or twelve hundred. There are now sixty-one nurses, which number will be increased to one hundred when the new wards are finished. It is supposed that then the small hospital will be used for dispensary work only, and all the patients sent to Colon or Ancon, the latter taking the larger share.

The salary is good, the work is not hard, the place is healthy, there is much to see, and good work is appreciated, which makes life attractive. The salary at first is sixty dollars a month and as vacancies occur, nurses are promoted to seventy-five dollars a month, fully half receiving that amount. There is a rumor of a further increase of from twenty to twenty-three dollars for three-year service.

The nurses wear plain white uniforms, no caps, and generally white canvas shoes. They carry an umbrella either for the sun or rain, and seldom wear a hat except to go to church or across the isthmus. The shops are improving; the white goods, embroidery, and laces are very cheap, as are also Japanese goods which are exceedingly pretty. Goods can be sent quickly by mail from the States and cost very little. Simple white dresses are all that are required beside the uniforms.

The Civil Service examinations take place three to four times a year. All necessary information can be had from Mr. Pepperman, in charge of the Panama Employment Bureau, at Washington, D. C.

NURSING IN MISSION STATIONS

[Last spring "The Spirit of Missions" contained an article by Archdeacon Stuck, of Alaska, describing an incident in the life of a missionary nurse, Miss Woods, of Fort Yukon. We reproduce it here, in part, for the vivid picture it gives of such work as our far-away nurses are called upon to undertake. From the same magazine we take some other items of interest.—ED.]

"WHEN I last wrote I had pitched my tent at the Chandalar village, sixty-five miles north of Fort Yukon, and was ministering as best I could to the diphtheria patients, while Mr. Knapp took the team and went back to get Miss Woods. For the five days following I swabbed out throats two or three times a day, cooked beef tea and milk and rice, took temperatures, and did my best for the two poor creatures who were suffering so severely, and I held divine service every night.

I knew that five days was the least time in which Miss Woods could possibly come. It would take two days each way, and at least a day to get things together. I knew it might easily take longer, and I hardly expected her on Christmas Eve—when the five days were up—but she came. She lived up to her reputation. She dropped her school, she dropped her Christmas, she gathered her supplies and her medicines, she took a couple of natives and another team, and she came when I sent for her. I shall never forget that prompt, cheerful response. I shall never forget how she "bobbed up serenely" from that toboggan after her thirty-five miles' ride through the bitter cold, and took general charge in her placid, undemonstrative way. It lifted a load off my heart when I saw her crawl out from under the robes and throw back the hood of her fur *parkee,* in front of my tent, with a Christmas greeting upon her lips.

The next day we made a hospital of the cabin in which we had installed Miss Woods (its owner had moved with his family, into a tent, despite the weather) and we moved the two patients from the large cabin inhabited by many people in which they had lain, and left them with Miss Woods.

* * * * *

St. Stephen's Day was devoted to the fumigation of the large cabin where the sick had been. We turned everyone out—about a dozen persons lived there—we made them leave their outer garments and we hung them, together with all bedding, on lines across and across the room; we stopped all chinks with cotton, and then we burned sulphur all day long; and the next day Mr. Knapp and I left. We offered to stay with

Miss Woods and take her back to Fort Yukon when the sickness was over, but she would not hear of it. 'You have done your work here,' she said, 'your winter journey is yet before you; now leave me to do my work.' She was not in the least afraid to be left with these Indians, sixty-five miles from the nearest white person, to make her journey back when the need for her was passed. Her school called her; the deferred Christmas festivities of her Fort Yukon people called her; but she would stay as long as her presence was required and would then travel back.

And here I would like to stop awhile and pronounce my eulogy upon our women in Alaska. Miss Woods is not alone; she has been called upon to make greater sacrifices and more striking effort, once and again, than the others have, but we have others who would respond quite as promptly, quite as gladly, did the call come to them.

The Alaskan mission is blessed in having such women, and all well-wishers of the work here will pray God to put it into the hearts of others like them to offer themselves.

It is a glorious work; a Christ-like work; a simple work of going about doing good. It calls for patience and fortitude, but it has great consolations, great compensations. And it is a happy life, with all its discomforts and sacrifices.

Miss Woods 'is up to her eyes' at Fort Yukon all the time; school, mission, sick people, housekeeping; the two little scamps she has taken to look after, the troubles and difficulties of all the families she has to help bear; and now they talk of making her post-mistress, because the office is likely to fall vacant, and all the other white people are Canadians or otherwise ineligible. And they must keep a post-office at Fort Yukon. But, despite her manifold occupations, or perhaps because of them, she is always happy."

"Nine-tenths or more of the people who go to Alaska go with the hope and expectation of some financial gain. It is difficult for them to understand any motive other than the hope of 'striking it rich' as sufficient to send people to Alaska and keep them there.

'I suppose,' said one of the residents to Deaconess Carter, who has rendered such excellent service as superintendent of St. Matthew's Hospital, 'that you people at the hospital have good jobs.' 'Yes,' replied the deaconess, 'it is a pretty good job.' 'How much do you get out of it?' was the next inquiry. The record fails to state what happened to the questioner when told that a deaconess' or a nurse's stipend in Alaska is $500 a year. And that in a land where a carpenter's wages average about $15 a day! Deaconess Carter is obliged to pay a cook

in the hospital an amount equal to that received by two nurses, and a man to do the chores receives a like amount."

* * * * *

ST. LUKE'S HOSPITAL, TOKYO, JAPAN

"These patient, happy, little Christian Japanese nurses, flitting about in their short white frocks, from morning till night, and through the nights too, always with a cheerful smile, ready to do anything, never saying, 'I am tired,' these stole my heart, and I wished something might be done to insure their comfort and pleasure in their hours of rest.

This is not my first experience in a hospital in Japan, but my first in a Christian hospital, and it made me realize keenly the wide difference between the two, and that here in Japan, where there are many hospitals, a Christian hospital has a unique place.

The rooms for the nurses are on the ground floor and are such as are found in the very ordinary Japanese dwellings. The straw mats which cover the floor are only raised about a foot from the ground. No matter how cold or how damp the weather may be these mats are their seats and their beds. It may be said: 'But they are accustomed to these conditions.' Yes, they are, but that does not conduce to health or prolong their precious lives. When about their duties they must of necessity be absolutely quiet. When they retire to their rooms for an hour's freedom from duty, they must still be quiet, there can be no relaxation into pleasant chat even, which is so dear to the Japanese, because these rooms are just under the rooms of the patients. Everything is so crowded!"

SUCCESS IN TEACHING MATERIA MEDICA

By MINNIE GOODNOW
Superintendent of Nurses, Milwaukee County Hospital

Materia Medica is undoubtedly the most difficult subject in a nurse's curriculum, and one which is not always successfully mastered. One finds commonly that about all that the average nurse knows of it at the end of her course is what she has learned in her practical work in the hospital wards. This is hardly an ideal state of affairs, and it can be remedied, to some extent at least, by improved methods in teaching.

First, who shall teach it? Preferably the chief nurse, though it may be done by a doctor, providing he makes it a class, and not a lecture. Materia Medica has rarely been successfully taught by the lecture method; the lecturer almost invariably presupposes knowledge which the nurses do not possess, or tries to cover too much ground in one evening, thereby confusing and discouraging his hearers. The supervising nurse of a large hospital observed recently that a doctor touched on seventy-five drugs in one lecture; it is to be doubted whether the class gained much from the time spent. Therefore, let the teacher be someone who is willing to do a plentiful amount of iteration and reiteration, and who is not in too great haste for results.

Materia Medica should be a first-year study. This, one would think to be self-evident; but a number of hospitals leave it until the second or third year. Meantime, nurses are giving medicines of which they know practically nothing, and are handling poisons, recklessly perhaps, because they do not know that they are poisons. Nurses who did not study Materia Medica until their second year have told me that their first impression of the study was fright over the mistakes which they might have made during their first year.

There should be preliminary lessons on weights and measures, both apothecaries' and metric, with a certain amount of committing to memory of names and definitions. Next, four or five letters on the elements of chemistry should be given by a doctor or practical chemist; simple experiments should accompany these lectures. The hospital druggist might be pressed into service for this part of the work. A little skilful inquiry among nurses will prove how absolutely essential these lectures are. Many nurses have failed to grasp the meaning of Materia

Medica simply because they had not studied chemistry and did not have a clear idea of chemical terms.

After this foundation drudgery, begin the actual study of drugs. It is a pedagogical principle that one must work from the known to the unknown; so, in the first year, let the pupils select the drugs which are to be studied, insisting that they be ones with which the majority of the class is already familiar. Any young woman, be she nurse or not, knows something of the properties of castor oil and vaseline; she does not, however, know all about them, and they are appropriate subjects for first lessons, along with such things as flaxseed, rhubarb, mustard, camphor, some of the soda compounds, licorice, glycerine, turpentine, alcohol, and charcoal. Three drugs at a lesson are enough for good work. By the time the more familiar things are finished the class will be ready to take up carbolic and boric acids, strychnine, chloroform, ether, quinine, the mercurials, cascara, opium and its derivatives, and the commoner drugs used in hospital practice. It is not a serious matter if some really important drugs are omitted from the first year's work; their importance may be better comprehended later on.

Object teaching is always impressive, and should be frequently used. Samples of crude drugs can be obtained at small cost from the large manufacturing druggists, and will be found a valuable aid in fixing substances in mind. A specimen of each preparation studied should be brought into class to be passed around, the color, consistency, shape of crystals, etc., noted, the odor, and when practicable the taste.

At least twice a year there should be a lesson in identification. Specimens of the various preparations which have been studied should be presented, without labels, and the class required to identify them. These classes are great eye-openers to both teacher and pupils, and are efficient preventives of some of the common mistakes in giving medicines.

A list of the commoner poisons and their antidotes might be posted in the medicine room off each ward. From these the nurses will learn almost unconsciously. A Materia Medica should be a part of the furnishing of each medicine room, and the head nurses should see that the pupils look up each drug as they have occasion to give it. Nurses ought to be encouraged to ask the doctors, or at any rate the internes, why drugs are given and what effects may be looked for. It will not be found that the doctors resent this, but that they will be more likely to take it as an indication of interest in the work.

SUGGESTIVE MODEL FOR RECORD. PAGE 1

Name..... Age..... Entered..... Dropped.....

Address ..... Nationality..... Finished..... Readmitted.....

Religion .....

Date	PRELIMINARY	MEDICAL								SURGICAL								Operating Room	Children		Gynaecological		Obstetrical		Private Patients
		Ward....		Ward....		Ward....		Contagious		Ward....		Ward....		Ward....		Ward....									
		Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night		Day	Night	Day	Night	Day	Night	

Affiliation Training	Diet Kitchen	In charge	REMARKS	Vacation	Illness	Absence for other causes

THEORETICAL WORK

Date	CLASSES				LECTURES			DEMONSTRATIONS	EXAMINATIONS	
	Anatomy and Physiology	Nursing	Materia Medica	Bacteriology and Labaratory	Subject	Lecturer	Rating on Notes		Subject	Rating

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

WHY DEFECTIVE NASAL RESPIRATION IMPEDES GROWTH AND DEVELOPMENT.—*The Medical Record,* quoting from the *Bristol Medico-Chirurgical Journal,* says: P. Watson Williams declares that the pernicious effects of mouth-breathing in children are seen in the constant tendency to infective catarrhs, bronchial colds, and pulmonary complaints, from which children with adenoids and some other causes of nasal obstruction are prone to suffer. Adenoid growths are by far the commonest cause of defective nasal respiration in childhood. The absence of normal nasal respiration causes pulmonary troubles and defective development of the chest wall. It may be said that children who persistently fail to expand their lungs are underfed. After abnormal conditions in the nose and throat are removed the physician should advocate the advantage of open air, cold bathing, and appropriate respiratory exercises, in order that these listless, partly asphyxiated children may grow up in the fullness of life.

FATIGUE AS A FACTOR IN MISTAKES.—*American Medicine* says: Accidents due to fatigue are receiving more and more attention in Europe though not so much in America, apparently, as a few years ago. It is said, that a long time back, the Bank of England discovered that mathematical errors of the clerks were at a minimum in the early morning hours but progressively increased as fatigue occurred. The worst time was in the late afternoon and there was so much money loss, due to errors at that time, that as a matter of economy the clerks were forbidden to work after a certain hour, which we understand was three o'clock. Similar statistics as to accidents have recently been published in France, and the same law of sequence was brought to light, as was to be expected. The number is at a minimum in the early morning hours, rises slowly until noon, takes a sudden drop after the midday rest and then rises to a much higher point at the end of the afternoon than it was at the end of the morning's work. All this needs no explanation, for the cause is self-evident.

Opening the Mouth.—*The American Journal of Surgery* says: If a frightened or refractory child will not open its mouth, pass a probe between two teeth and back to the palate. Instantly the mouth will open and a gag may be slipped in.

A Salt Free Regimen for Scarlatina.—*The New York Medical Journal* says: M. Pater, in a communication to the Société médicale de Paris, has found that the withholding of salt from the food of scarlatinal patients exerts a remarkable influence in greatly reducing the tendency to albuminuria. Under this treatment also the patients gain weight more quickly than under a strict milk diet. He states that the achlorinated diet is without danger in scarlatina, and protects from nephritis much better than an absolute milk diet. He also asserts that it shortens the duration of the disease by abbreviating the period of convalescence.

What is Fever?—The same journal, quoting from *The Practitioner,* says: Hutchinson gives the following tentative conclusions in regard to fever: 1. It is not the rise of temperature which is harmful, but the toxines, which accompany the fever. 2. The elevated temperature is not due to increased oxidation, as shown by normal or lowered output of carbon dioxide. 3. The febrile phenomena are due to a general disorganization and perversion of normal metabolism by toxines, with conversion of energy ordinarily expended in secretion, growth, motion, etc., into heat. 4. There is less metabolism in fever than in health, but it is mostly destructive. 5. If the dose of toxine is sufficiently large or virulent the lessening of metabolism may even lower the temperature. 6. The temperature in fever is often subnormal. 7. The standard of fever should be an increase in the daily range of temperature in excess of 1.5° F. 8. The rise of temperature may be protection, many pathogenic organisms being unfavorably influenced by fever temperature. 9. Normal body heat may be a friction remainder, a waste product turned to use, rather than a vital necessity. 10. The intoxication and not the temperature calls for treatment.

Treatment of Delirium Tremens.—*The Interstate Medical Journal of St. Louis,* quoting from a German contemporary says: The author in writing on this subject condemns the treatment of this condition with chloral, paraldehyde, hyoscyamus, hyacine and other nerve sedatives. His experience with 1,051 cases is given as follows: During

the first 8 years of 486 cases he had 31 deaths, or a mortality of 6.37 per cent. During the following eight years out of 565 cases he had 5 deaths, or a mortality of .88 per cent. The marked difference in his mortality he attributes to his treatment carried on during the latter eight years. This consists of abstinence completely from giving sedative treatment; complete withdrawal of alcohol; and giving digitalis in large enough doses to produce its physiological effect. Besides this, he gives stimulation in the form of camphorated oil hypodermically. In especially bad cases tablespoon doses of ice cold champagne are given every half hour. In order to increase the elimination he gives a solution composed of 1 per cent. sodium acetate in water mixed with a small amount of simple syrup. This has a cooling, palatable taste and on account of its yellow color is frequently mistaken for beer by the patients. The digitalis is given by the rectum in those cases in which it cannot be given by mouth. He considers it the most important part of the treatment, being especially indicated because death, when it does occur, is the result of cardiac insufficiency.

A Contribution to the Treatment of Hay Fever.—*The Medical Record,* in an abstract of a paper in *Berliner Klinische Wochenschrift,* says: Heymann publishes his experiences with the administration of thyroid extract in this disease. He examined a large number of cases and found that these patients are no more apt to be afflicted with nasal deformities than a corresponding number of others who are free from the attacks. He did find, however, that if the obstructions in the nares were removed a marked improvement always occurred. The best results with drugs were noted with administration of thyroid extract. He gave this in tablet form, one to three daily, each containing .3 gm. of thyroid substance. The improvement in twenty-one cases was very favorable, and although no conclusions are possible as to the etiology of the disease the writer thinks that it is probably dependent upon a nervous diathesis in the domain of the sympathetic nerves. In a considerable number of the patients who were under treatment for the disease he found an enlargement of the thyroid gland, although not of sufficient extent to demand treatment for itself.

Atropine in the Treatment of Asthma.—*The New York Medical Journal,* quoting from a German contemporary, says: An extraordinarily prompt action of atropine in asthma is recorded by G. Zuelzer. Almost immediately after the subcutaneous injection of a milligramme

of the drug the area of pulmonary resonance is reduced by from three to five finger breadths, and the subjective sensations promptly subside. In a great majority of cases this remedy has shown itself of great value. Its action is explained by its paralysing effect on the pneumogastric nerve. Though, in experiments on animals, irritation of the vagus has been found to give rise to muscular spasm of the bronchi and to pulmonary distention, such results do not follow if atropine has previously been injected.

The Danger of Dust as a Cause of Tuberculosis.—Dr. George Homan asserts, in *The Journal of the American Medical Association,* that efforts toward the eradication of human tuberculosis will fail which do not take full account of household dust as a factor in the dissemination of that disease. Scientific tests have shown that the seeds of pulmonary tuberculosis, harbored within doors in the dried state, are capable of retaining their effective vitality for prolonged periods of time. Any method or procedure employed in inhabited buildings which causes dust to be disseminated must be considered a tending to spread the seeds of consumption. Hotels, clubs, theatres, office buildings, schools, churches, and business establishments generally should be required by law to introduce and operate dustless methods of cleaning; this part of their mechanical equipment being as necessary as provision similarly made for warming, ventilation, and for fire protection and fire escape. The employment of dustless methods in private residences is urged as being equally imperative for the control and suppression of all forms of tuberculous disease.

The Electric Sleep.—*The New York Medical Journal,* quoting from *Le Presse Medicale,* says: Leduc gives the name electric sleep to a condition analogous to that of chloroform anæsthesia, produced by a current of electricity upon the brain, administered in the manner which he describes. He states that in this sleep the subject lies without voluntary movement or sensibility to pain, that the condition may be maintained for several hours, and that it disappears instantly with the cessation of the current.

Bedside Observation as a Source of Knowledge.—*The New York State Journal of Medicine,* quoting from a contemporary, says: The laboratory is rendering immense service to practical medicine to-day, but it cannot do away with the necessity for careful bedside observation of the

sick; nor are its conclusions to be regarded with the unfallibility which, in the minds of many, attaches to them. The student of to-day is likely to gain the impression that unless they rest on laboratory confirmation all diagnosis is doubtful, all prognosis uncertain, and all therapeutics unscientific. The laboratory has its limitations which are as distinct as those of clinical medicine. It is to be regarded as supplementary, but not as the whole thing.

Lord Lister's Birthday.—Lord Lister on April 5 celebrated his eightieth birthday and was the recipient of an immense number of messages of congratulation from all over the world. This is also almost the fortieth anniversary of antisepsis, for the first of Lister's publications on the subject appeared in the *Lancet* of March 16, 1867, with the title: "On a New Method of Treating Compound Fracture, Abscess, etc.; Observations on the Conditions of Suppuration. By Joseph Lister, Esq., F.R.S., Professor of Surgery in the University of Glasgow."

Facial Neuralgia and Radiotherapy.—*The Medical Record,* quoting from *La Tribune Médicale,* says: Béclère and Harrey have reported a case of facial neuralgia in which the pain disappeared after a course of radiotherapy. The patient was attacked seven years ago with an epileptiform facial neuralgia. Several surgical interventions were performed, but were followed by a subsidence of a violent pain for only a few months. Finally recourse was had to radiotherapy. This treatment resulted in the complete disappearance of the pain after four sittings eight days apart. The rays were directed toward the interior of the mouth against the alveolar border. The neuralgia has not returned since April 25, 1905.

A little girl of five years who had been promised that she might hold her new baby brother the next day, said to her mother: "I am so glad I can hold him, you know it feels so comfortable to hold a baby." Her mother inquired in surprise: "Did you ever hold one, how do you know?" and the child answered: "No, I never did, but I was thinking about it last night, and I thought how comfortable it would be."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE PARIS CONFERENCE

American members at the Conference will wear a bow of red, white, and blue which will be furnished them by the Secretary.

Hotels recommended (in addition to those already mentioned) are:

Hôtel de la Minerve, 22 Rue de la Chaise, rooms 3 to 6 francs a night, petit dèjeuner 1f., other meals 2f. 50c.

Villa de Dames, 77 and 79 Rue Nôtre Dame des Champs, rooms 4 to 6 francs, double-bedded rooms 6f. 50c. to 8f. 50c. Meals the same, en pension 8 to 10 francs a day.

Hôtel de Calais, Rue des Capucines (very central), about 12 francs a day.

Hôtel Montaigne, 28 Rue Montaigne, about 10 francs a day.

Double-bedded rooms cost about two-thirds for two persons.

To repeat the notice already given, the Secretary, Miss Dock, may be reached by mail via Brown Shipley Co., 123 Pall Mall, and the Headquarters of the International Council of Nurses, 431 Oxford St., will receive inquiries at all times. Our members of the English Societies and of the Irish Nurses Association are going in such numbers, and including women of such distinction, that nothing else, beside the participation of the French leaders, could be necessary to make the meetings a success, yet furthermore we shall have the great satisfaction of greeting numbers of our German sisters, and representatives from Holland, New Zealand, Australia, Denmark, Italy, from Canada, and, possibly, Belgium and Turkey. Miss Keith-Payne, one of the Councillors, is coming from New Zealand.

SOME SPANISH HOSPITALS

Miss Rebecca Shatz, one of the members of the Nurses' Settlement in New York, who is now abroad, has visited some of the Spanish hospitals, and writes concerning her visit:

"The hospital of San Juan di Dios in Granada is a very old one.



A balcony in hospital of San Juan di Dios Granada.

having been founded some four hundred years ago, and the building now occupied is the original one. Connected with the hospital is a free medical college, the only one of its kind in Spain. I enclose two photos of the court of the hospital, from which you can see the characteristic style of construction of Spanish buildings of almost every kind. All the wards open off the court, and broad balconies on all sides afford a fine place for the patients to get sun-baths. In San Juan we found little evidence of an attempt at cleanliness or order; there are no sanitary arrangements, and no bath-rooms. We saw no bed-pans at all, but on the shelf by each patient's bed stood a *pot de chambre,* and next it the patient's dishes. We came upon only one sister in our tour of the hospital, and most of the work is done by ignorant servants. There were five hundred patients in the building, the most common diseases being tuberculosis and ophthalmia. The tubercular patients are in the general wards and are kept for an indefinite time, San Juan's being the city hospital. We went there on Sunday morning, evidently during visiting hours; children of every age were visiting their mothers, and the younger ones were seated on the beds of the patients eating all kinds of food brought with them, and much of it was scattered over the beds.

A great contrast to San Juan's was the large civil hospital at Seville. That, too, is a very old building, but there have been alterations to make it more up to date. It accommodates some seven hundred patients, and is situated just beyond the walls of the city upon a large tract of land, and upon the grounds are raised all vegetables used in the hospital. There is a regular farm run in connection with the institution and some of the work is done by the convalescents and chronic patients. The building was clean, the wards were large and sunny, and though we saw many primitive methods, there were evidences of progress, and attempts to have and use modern appliances. There were bath-rooms, and one of them fitted up with apparatus for giving all kinds of hydropathic treatment; also medical and surgical wards, the tuberculous patients being in wards set apart for their use. The operating room was well fitted up with modern appliances, sterilizers, etc. The instruments, however, are still kept in leather cases, labelled on the outside, and these are placed in the glass cases.

While in the male surgical ward a patient was brought in, an old man, with fractured femur. The stretcher was borne by two porters and followed by the house staff, one of whom was slipping into his white gown as he came along. The stretcher was placed in front of a bed, and the patient surrounded by visitors and convalescent patients while the doctor examined the injured member. No nurse or sister was

present, nor did one appear during our stay in the ward. After a while the patient was lifted upon the bed—needless to say there was no special method in the process—and being placed there the doctor, in presence of patients and visitors, attempted to set the bone. The two porters held the patient down in the bed by main force, while the doctor tried unsuccessfully to reduce the fracture. There was nothing in the way of splints and bandages at hand to apply after the treatment, and when the doctor left the patient, he lay there on the bed with no further attention while we were in the ward. We saw one sister on duty in one of the wards, but she was busy praying before an altar in the centre of the ward assisted by three convalescent children.

Dr. S. told me that the physicians are obliged to do almost all the work that in most hospitals is done by the nurses. We were much impressed by the abundance of sunlight in all the wards. The building has seven large open courts, with wards built around them, and each one is supplied with a very wide balcony, that makes it possible for the patients who are out of bed to be in the sunshine almost the entire day.

The kitchens were models of order, and the sister-in-charge showed us the dinner that was being prepared. The allowance of food seemed very generous, and certainly the patients appeared to be happy and contented. Judging from his gentleness, and his sympathetic manner with the patients, we were not at all surprised to find that Dr. S. seemed to be a great favorite.

We visited while in Seville the Civil Foundling Asylum, an institution in charge of the Sisters of Vincent St. Paul. It was immaculate in its cleanliness. The children were clean and well cared for, the little cribs looking attractive with the snowy white muslin curtains and the linen sheets, all hand embroidered. Every baby wore a woolen shawl or jacket and a little white bonnet, and were tucked so tightly in their beds that they seemed to have little room to move. The babies' bath-room was interesting to us; in the centre of the room was a great circular slab of marble in which were hewn out quite a large number of basins, big enough to use as bath-tubs for the babies. The older children have a very nice lavatory and opposite the wash-basins were hooks, numbered, and holding the towels of each child. The children are kept in the asylum until they are six years old and then sent to schools, where they learn some trade. I tried to find the picture of San Juan di Dios that you asked for but the only one I succeeded in getting is a photo of the painting of Murillo's San Juan, which hangs in the Cariadad in Seville. He is represented as carrying a sick man to the hospital,

and as staggering beneath his burden when an angel appears and assists him."

Beside the hospital news a bit of Miss Shatz's letter relating to travelling acquaintances is peculiarly interesting at this moment, when every day may be fateful for the Russian people. She writes:

"Our Russian prince grows more interesting on acquaintance. He has a great fund of stories and of course has had interesting experiences. He told me the other day that he is thirty-three years old and until three years ago he lived the life of a Russian prince with no idea of the life and suffering of other classes. But there came the awakening, and his sympathies were so aroused that he endeavored in every way *within* the *limit* of the *law* to work for the people who were being persecuted. He is an LL.D. and devoted himself to defending the political and other prisoners whom he felt ought to be more justly defended. This brought him under suspicion, and he was twice arrested. He escaped once, but the second time he was confined for four months and finally sentenced to go to northern Siberia. His health was in a precarious state and his influential friends and physicians persuaded the court that the exile to Siberia would be certain death, and since he was a prince the court might be criticized. He would probably die soon, so they might let him go to a foreign country, and, if he died there, the Court would not be blamed. So, after a sojourn in Switzerland, he came to Capri. He is writing a book and Gorky, who lives near by, is his critic. He told us how, in his work in the judicial courts, he came into contact with many splendid people; how he was overcome with a sense of shame at his years of culpability to have aided, though unwittingly, in the persecutions of his fellow-men. He was sad to think that according to the law he did absolutely nothing that he was not privileged rightfully to do, and yet he is condemned to be in exile."

The little "Yellow Pamphlet" of the *Hospital* magazine is being circulated widely in all countries; some persons, indeed, receiving two or three. The comments made upon it in America express disgust and amazement, for it is without a doubt a piece of vulgar villainy. As many of its recipients are at a loss to understand its *raison d'être,* it may be explained that it is only a piece of personal animosity. The *Hospital* cares nothing about the Paris Conference, neither does it admire American organization. It simply hates Mrs. Bedford Fenwick because she has always perceived and exposed its attempts to "lasso" the nursing profession, and because she is not afraid of it and never has been. This

hatred began as far back as the first days of the Hospitals Association. It pursued the Royal British Nurses Association in the same virulent spirit. It is quite a question in ethics whether any woman should subscribe to a paper which has so consistently vilified the organization of women, and which has hounded the women who lead organization in England.

The Second International Congress on School Hygiene is to be held in London in August. The work of the Public School Nurse certainly should be recognized at this Congress, and we suggest to the officers of the Congress that they give it a place in their discussions. It has been amply proved that, while physicians can instruct and inspect, and while teachers can teach hygiene, the only way to get practical results in schools and among school children is to have the nurse in the schools.

Sixty-two women have been elected poor law guardians in London in the recent elections. The women of Great Britain who love justice are naturally deeply indignant over the base tactics employed to defeat the Women's Suffrage Bill in the present session. Such tactics, however, must kill themselves eventually. The coming of women into politics, says Mr. Philip Snowden, M.P., would eventually mean a new civilization. In Finland, nineteen women have just been elected to the Finnish Diet or National legislature—a glorious fact—let all women note it well. This is the first election held in Finland since women received full suffrage, and this is the first time in the history of the civilized world that women will sit in a national parliament.

The *Missionary Link* has the following editorial:

Among the significant ideas promulgated at the last National Congress of India are the following: "Let the repressive features of the caste system go. Let popular primary education, intellectual and industrial, be promoted with all possible rapidity, with a view to the elevation of the depressed classes. Let child widowhood and early marriages and other injurious and burdensome practices be abandoned. Let all friends of the family and the country, without respect to creed or race, join in driving the drink curse from the land. Let India press forward in all that goes to make her people truly great. Then will she move forward in the purposes of God, to whatever good He has ordained."

THE Missions of the Woman's Union Missionary Society include the following hospital stations:

Jhansi: Mary E. Ackerman-Hoyt Hospital and Dispensary. Address: Mary S. Ackerman-Hoyt Hospital. Fatephur: Address: Miss E. H. Todd. China: Shanghai: Margaret Williamson Hospital and Dispensary. Address: Medical Missionaries, Margaret Williamson Hospital, West Gate. Hospital supplies are always gratefully received.

It is interesting to note that just as inferior human races have never been without remedies for wounds and general ailments, so we learn that the members of the animal kingdom have been no less skillful in practising surgery and medicine. When suffering from parasites, they adopt curious methods, such as the use of dust, mud, clay, etc., to get rid of their implacable foes. Similarly, if they suffer from fever, they prudently restrict their diet, keep quiet, seek shades of darkness, or choose airy places, drink water, and sometimes plunge into it with the utmost eagerness. Most instinctively do they choose the right kind of food according to their changing conditions. An animal suffering from rheumatism always keeps as far as possible in the warmth of the sun. The scientist Latreille cut the antennæ of an ant, and discovered that other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee is wounded it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. If an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth.—*Leeds' Mercury Supplement.*

SOME one asked the doctor's little girl what church she belonged to and she said: "My mother is a Presbyterian, but my father is a stomach-specialist."

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

ONE VIEW OF WHY DESIRABLE PROBATIONERS ARE SCARCE

DEAR EDITOR: I have read with much interest the discussions concerning the shortage of probationers which have been going on in the JOURNAL during the last few months. It seems strange to me that any nurse who had herself gone through training could be surprised at this condition of affairs. Looking back at my training I can conscientiously say that had I a sister, a daughter, or a close friend, who contemplated entering the profession of nursing, I should most emphatically do all in my power to dissuade her from doing so.

Perhaps a short outline of my personal experience will explain my position. The hospital in which I was trained is a large general hospital, one of the first registered in New York state, and it affords an excellent variety of experience. The term of training is three years. The probationary period is two months, but may be extended, even to six months, at the discretion of the chief nurse; and under the clause of refusing to assign a reason for dismissal, the probationer may be dismissed at the end of that time. The work of the probationer is largely of a character which could be much more suitably performed by ward maids who, of course, would cost the hospital money. I remember the long mornings of scrubbing bath-rooms and sinks, carrying heavy breakfast trays into the wards and removing the same, dragging heavy screens which, with just a little extra money could have been made ball bearing, and the lifting, unaided, of heavy patients, all because the number of nurses in a ward were insufficient to spare time to assist each other.

After the probationary period was ended the really *hard* work began. No one who is really interested in nursing objects to work which, although at times almost unbearably trying, is *necessary*, but to the endless things which are made *unnecessarily* hard, and which a little thought or foresight could render so much easier. In our training-school, military discipline was maintained. Upper and lower classes had nothing in common, except where duty demanded it, seniors never speaking to those in the

lower classes. This is very well for the maintainance of rigid discipline, and certainly minimizes the duties of the chief nurse and her assistants, but is it best for the personal welfare of the nurses? Does it not tend to narrow them? It attaches undue importance to a position and condition that are, at best, temporary, and tends, in the end, to induce in many graduates, especially of our larger hospitals, an overbearing and unsympathetic manner very objectionable to private patients.

Our quarters were situated on the fourth floor, at the top of the house, in rooms which were dark and cheerless in the extreme. Four nurses slept in each room and we were obliged to make our own beds, and tidy our rooms. The rooms not being very large, were crowded with so many nurses. There was no incentive to make them cheerful and homelike, there was no privacy, and there was no room set apart for the sick pupil nurse who became ill. Unless her illness was contagious she remained in her room and was attended there, annoyed by her roommates, and an annoyance to them. The hours of duty were long and uncertain. A nurse, having been on duty all day, would be told to continue on duty and special some operative case, or delirious patient, until midnight; or, having come off duty at seven and retired at ten, she would be called at midnight to special until morning, and would then continue on duty all day as though nothing had happened. This meant two hours' sleep out of twenty-four. The operating-room nurse, also a pupil, has to my knowledge, been called as many as five nights a week for emergency operations, but although she lost sleep for periods varying from two hours to half the night, no provision was made for her to make up the lost sleep on the following day.

During our second and third years in training, we were sent out by the hospital on private duty for which the hospital received sixteen dollars a week, and we received absolutely nothing. Some of the nurses who were well liked on private duty, spent almost all of their second and third years on cases, thereby losing the greater part of their operating room training, (some of them, all of it) and missing numerous lectures which, together with missed classes had to be made up as the nurse could manage it.

Is this fair? Is it conducive to the good of the nurses themselves, or is it a form of graft on the part of the hospital authorities? We were supposed to have one half day a week, and three hours on Sunday, but the slightest faults were sufficient to deprive us of them. Since I have graduated, I have found by inquiries among other nurses that this seems to be a trick of all training-school superintendents. I think it is most injurious, to say nothing of being unfair.

In most training-schools the hours are long enough, being from seven a. m. to seven p. m., and the nurses in our large hospitals frequently never leave the buildings except on their day off. When these are taken from them, they are frequently weeks without out-door exercise, yet the very nature of their occupation renders it necessary that it should be compulsory for at least an hour each day. This depriving nurses of their time, as a disciplinary measure, is very petty, and when applied to women supposedly engaged in an honorable profession, most undignified. Add to this the restrictions, many of them needless, that are placed around nurses and to which no other class of women would be foolish enough to submit. They are usually required to be in by nine-thirty, and they get off duty at seven p. m. Where can you go and get back by nine-thirty? Late leave, although supposed to be obtainable once a month, is doled out as the chief nurse's personal caprices dictate. As a consequence, there are whole months during which nurses never see a play and never get time to attend an opera. Nothing but hospital, hospital, hospital. No wonder work becomes mechanical.

Again, there is the rule, the breaking of which is punished by dismissal in many of our hospitals, that a nurse shall not speak to a doctor, yet no business man would dare to impose such a rule touching the intercourse of his stenographer with the clerks in his office, and I wager the discipline of said office does not suffer thereby. If this rule is not made in the interests of discipline, for what is it made? Surely you, superintendents, who uphold it, do not doubt the character of your nurses to such an extent that you do not trust them. In the New York Post-graduate school, where the nurses have a splendid home, no such rule is in force and in consequence members of the staff take little interest in each other, other than professional. It is prohibition which makes those things desirable. The same is true of the New York Lying-in and of several others, none of which have suffered by the omission of this ridiculous rule.

There seems to be proportionately little interest in the care of the pupil nurse from the physical standpoint. As Dr. Potter said, in her admirable paper on Venereal Prophylaxis, practically nothing is taught nurses concerning the great danger of infection from this ever present cause, and many are afflicted for life in conseqence. Add to this the amount of tuberculosis in every general hospital, to say nothing of typhoid, and when, to these great disease centers, you bring women worn by long hours of duty and insufficient rest, and badly nourished, (because appetites succumb to the two foregoing conditions) and it need create no surprise that the constantly increasing cry of the newly gradu-

ated is, "Oh! I must rest up a while before I begin to take cases, *I am all worn out.*"

Just at present the question of going back to the two years system of training is being agitated. If the hospitals had kept their word when the three year system was inaugurated; if they had increased the number of nurses, and had a large number of ward maids and orderlies; if they had created an eight hour system, and made the nurse's third year an educational advantage to her, I should say unhesitatingly that it would be a backward step to return to the two years course. As it is now, with the long hours of routine work, and little more than ordinary educational advantage in the third year, I can not see that, with the exception of a few progressive institutions which have really striven to better the conditions of the nurses, it is of any especial advantage to any but the hospital, which is thereby relieved from the necessity of paying salaries to graduates to hold its positions of operating-nurses, head-nurses, and night superintendents, those positions being filled by the senior pupil nurses.

I do not wish it to be understood from this discussion of the matter, that I think all superintendents and chief nurses, are narrow, selfish and prejudiced—far from it. Some of the finest, most broad-minded women I have ever met were hospital superintendents and chief nurses, women whose end and aim in life was the betterment of the conditions in their own training-schools, and the uplifting of the profession in general; but I *do* say, that there are an unfortunately large number who continue to regard the training-school as a reformatory, and the inmates as in need of discipline, and this view is *not* conducive to the betterment of the profession as a whole, nor will it tend to attract to that profession those women who, from a moral, social, and educational standpoint, are most desirable, if nursing, as a profession, is to attain to that standard of worth and excellence which its illustrious founders intended, and which many noble and disinterested women are still laboring and hoping to achieve.

Christine R. Russell, R. N.,
Colon Hospital, Canal Zone, Panama.

THE QUESTION OF RANK

Dear Editor: In several numbers of The American Journal of Nursing letters have been written in regard to giving the nurses title or standing in the army; and some time ago some one used the term "intolerable conditions now existing in the army." Being a Spanish American war nurse, and also having served in the Philippine Islands, I would like to say a few words on the subject. What kind of standing

do we want in the army? What title do we want? Many think the officers, officers' wives and daughters do not pay us sufficient attention. We are not invited to their homes or social gatherings, but what difference does it make whether we are one of the four hundred or not? The officers and families constitute what, in civil life, would be the four hundred, and I doubt if many of the nurses in civil life are invited to the receptions given by Mrs. Potter-Palmer, Mrs. Marshall Field or others of the wealthy class. We do our work and do not feel slighted because of the lack of our invitations. It matters but little if our name is not on the calling list of society people, and why should our feelings be hurt if the same distinction is made in army life? Is not Chief Nurse a good enough title for the woman in charge of the nursing force? It seems to me this title is all sufficient. Would Lieutenant, Captain or General sound better? A lady is a lady everywhere. You cannot place her where she would not be a lady. Let her be in the kitchen, in the hospital or sick room, her manners, dress, and conduct proclaim this title and all good men will pay her the deference which is due to all good women. We cannot climb the social ladder by trying to force ourselves into the company of those who either do not want us or are indifferent, and every nurse should have sufficient resources of her own so that the question of class and caste would not cause her an anxious thought. Many seem to be of the opinion that only inferior women are government nurses. Those who say this do not know what they are talking about. Mrs. Kinney in the last number, gave a list of nurses who had served a number of years, for Uncle Sam. I am acquainted with most of those mentioned and finer women I do not know. There certainly are some inferior women in the military hospitals, but they are in the minority as in the civil hospitals, and as for the "intolerable conditions" spoken of as existing I found the conditions more than tolerable; they were pleasant. What kind of life the army nurse has depends very much on the commanding officer and chief nurse. In the civil hospital much depends on the superintendent. What is the difference? Each one gathers around her a circle of friends. This circle may be large or small, and the character depends on the individual. If our natures are coarse, wealth, birth, station or title will not draw to us people of refinement and culture; but if we are not coarse in nature, our friends will never have this quality. Let us do our best wherever we are, making the most of our opportunities, and our lives will not be in vain, although there is no title prefixed to our name. Methinks I hear the taps: "Bugle blow soft and low, through the hall, hear the call, good night all."

HARRIET E. SIGSBEE, R.N.

A NATIONAL ASSOCIATION FOR VISITING NURSE WORK

DEAR EDITOR: Having a knowledge of the visiting nurse work, I feel too much cannot be said to hasten the day when it may become of national importance. By making each city a centre from which to radiate by trolley to the near-by towns, a net-work of societies could be formed which would ultimately develop into a national organization, carried out somewhat under the same plan as the National Needlework Guild of America, that is by local boards of directors, each director soliciting a specified number of annual subscribers, and each board subject to a national board of directors. Is it worth while to consider this from a national point of view? Is it worth while to help others to help themselves both in city and country town?

EMMA R. CUTLER,
Graduate Nurse, and President
of Collingswood, N. J., Branch
National Needle Work Guild.

AN English magazine in an article on Civilization and the Deterioration in Physique, refutes the statement so often made as to the decline of bodily vigor with the advance of civilization. It says the savage races are "poor, ignorant, improvident, oppressed by others' violence, or exhausted by their own; war kills them, infanticide cuts them off, pestilences sweep them away, and whole tribes perish by famine and small-pox. Civilization keeps alive, in every generation, multitudes who would otherwise die prematurely. These millions of invalids do not owe to civilization their diseases, but their lives. It is now satisfactorily demonstrated that the picked survivors of savage life are commonly suffering under the same diseases as their civilized compeers, and show less vital power to resist them. Lewis and Clarke, the first explorers of the Rocky Mountains, found Indian warriors ill with fever, dysentery, rheumatism, and paralysis, and whole tribes having no teeth left. The armor of the knights of the middle ages is too small for their modern descendents. Domestication is not weakness. Civilization, imperfect as it is, has already procured for us better food, better air, and better behaviour."

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chie at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE INTERNATIONAL COUNCIL OF NURSES

A MEETING of the executive committee of the International Council of Nurses (viz., the honorary officers, the vice-presidents, and the honorary presidents) will be held at the Hotel Normandy, 7 Rue de l'Echelle, Paris, on Friday, June 21st, at ten o'clock A. M. Several important matters of business are to be arranged by the executive committee, among them the place of meeting for the next Quinquennial in 1909.

National councils are reminded that all business before being brought to the Quinquennial meeting is to be presented to the executive meeting as notice of motion.

On account of the demand for rooms from members the headquarters of the council will be at the Hotel Normandy instead of at the Louvre Hotel as announced last month. The secretary may be addressed there and also through Brown, Shipley & Co.

LAVINIA L. DOCK, Secretary.

The executive committee of the New York State Nurses' Association wishes to announce that in anticipation of the annual meeting to be held in Syracuse, October 15 and 16, Mrs. Gustin Welch of Niagara Falls, N. Y., has consented to act as chairman of the program committee. Members having topics which they would like to have presented at this meeting will kindly communicate the same to Mrs. Welch.

Miss Lina Lightbourn chairman of the committee on arrangements, and the nurses of Syracuse, have already formulated plans which, when perfected, promise to be of interest to all nurses throughout the state.

ANNA DAVIDS, R. N., President,
FRIDA L. HARTMAN, R. N., Secretary.

STATE MEETINGS

CONNECTICUT.—The fourth annual meeting of the Graduate Nurses Association of Connecticut was held at the Assembly Hall of the Hartford Hospital on Wednesday, May 1, 1907. The meeting was opened with prayer by Rev. Mr. Faucon. Dr. Winfield Smith, superintendent of the hospital, welcomed the association. Dr. Smith's address of welcome was a unique one in that it was the first time the association has been welcomed by a man who understood the purport of the association and the significance of registered nurses. His address

was the best statement of the value of state registration that has been made before the association.

The president's address reviewed the work of the year and dealt with the pending measures in the legislature which are opposed to our law for registration. The purport of the measures and the causes producing them were clearly explained and the association's coöperation, as a body and as individuals, enlisted for their defeat. A vote was taken to appoint ten councillors from the association for the various sections of the state, to keep all nurses informed and cognizant of matters of import to the profession. The afternoon session was occupied by papers on the subject of The Responsibility of the Registered Nurse by Miss Jeanie M. Campbell of Bridgeport, Miss Martha J. Wilkinson of Hartford, and Miss Mary Grace Hills of New Haven. Two selections of vocal music were furnished by Miss Alice H. MacCormac and the pupil nurses.

Officers for the ensuing year were elected as follows: Miss R. Inde Albaugh, president; Miss Martha J. Wilkinson, vice-president; Mrs. I. A. Wilcox, second vice-president; Miss Rose M. Heavren, treasurer; Miss J. M. Campbell, recording secretary; Mrs. E. Baldwin Lockwood, corresponding secretary; Miss Emma L. Stowe, Miss Mary L. Bolton, and Miss Ada Dalton, executive committee. The next meeting will be held in Waterbury in September. The next annual meeting will be held in Bridgeport in June, 1908.

Maryland.—The regular quarterly meeting of the Maryland State Association of Graduate Nurses was held April 19, 1907, at the Robert Garrett Hospital for Children. There were about sixty present. The afternoon was devoted largely to the problems of the private nurse. Papers were read on the following subjects, interspersed by discussion: Nursing in Hotels, Miss McGuire of the Union Protestant Infirmary; Equipment of a Private Nurse, Miss Weitzel, University of Maryland Hospital; How Can Self-Respecting People of Small Means be Cared for when Ill? Miss Jean, Maryland Homœopathic Hospital; How Far Should a Nurse Specialize? Miss Ellicott, Johns Hopkins Hospital; What is Meant by a Good Private Nurse? Miss Ward, Baltimore City Hospital.

A letter from Miss Rolph, president of the University of Maryland Hospital Alumnæ, was read, which presented a gift of $275.00 to the association toward the support of the nurse doing work among tuberculous patients. The money was raised through an entertainment given for this purpose under the auspices of the Alumnæ.

The president, Miss Packard, spoke of our moral obligation to the Red Cross Society, and urged the nurses to enroll themselves as members. The question, Shall We Become Incorporated? was referred to a committee to be appointed by the chair. The business meeting then adjourned and refreshments were served.

Amy P. Miller, Secretary.

Oregon.—In January of 1907, the Oregon State Nurses Association elected officers for the year. After two years in the nursing world the association found that its constitution needed some changes before incorporation could be considered. The executive board revised the constitution and it was accepted by the association in February. The nurses find laborious work before them,

as the association needs to take the place of alumnæ and county associations, none of which exist at the present time in Oregon.

The state association gratefully accepted the offer of *The Pacific Coast Nurses Journal*, and is now interested with them in the advancement of nursing on this coast. The very rapid development of Oregon brings to it nurses fresh from fields where things are being accomplished, and among them some well up in nursing matters and full of enthusiasm. To these nurses Oregon must look for much help in the future struggles of the profession.

The Oregon association has approved and is helping to establish nurses' rates which will harmonize with prices charged in other parts of the country. There is an awakening interest in state matters among the superintendents and nurses in charge of the smaller hospitals throughout the state. Their coöperation will mean much to the nurses now striving for the advancement of nursing. The Oregon Trained Nurses Association holds monthly meetings in Portland, and hopes to make quarterly and annual meetings of special interes.

LINNA G. RICHARDSON, President.

MISSOURI.—The Missouri State Nurses' Association held a special meeting December 12 and 13, to formulate a bill for state registration to present to the coming legislature. Mrs. Gertrude M. Gibson, the president from St. Louis, and Miss Virginia M. Porter of Kansas City, were chosen to look after the interest of the bill in Jefferson City during the session of legislature.

The legislators passed through a siege of small-pox which discouraged and delayed their work and probably had its effect upon the non-passage of the bill. Our representatives deserve the utmost praise and commendation, as they, in a very limited time, secured the passage of the bill through the senate and to the third reading in the house, and it was left on the table by the final adjournment. While we were not successful this year, we failed by so small a margin, that we feel we should take courage and hope for better things next time.

A. B. ADAMS, Corresponding Secretary.

INDIANA.—The Indiana State Nurses' Association will hold its fifth annual meeting in Indianapolis during the second week in September, 1907. There will be the election of officers and other important business to transact. A program of special interest is being planned, and there will be a full report of the national convention given by our delegate who is also our state president.

VIRGINIA.—The Virginia State Nurses' Association will hold its annual meeting in October in Staunton, Virginia. The state examining board will hold the usual examinations in June.

THE Michigan State Association will hold its third annual meeting in Battle Creek, June 4, 5, and 6. The nurses in attendance will be the guests of the Battle Creek Sanitarium where the meetings will be held. Some of the features of the meeting are the following papers: "On Organization," by Mrs. Emma A. Fox,

the well known parliamentarian; "Public Health Problems," by Miss Linda Richards; "Central Directories," etc. At this meeting the Michigan Association will transfer the funds which have been collected during the last three years for the endowment fund of the chair in hospital economics at Teachers' College, Columbia University. These amount to over five hundred and thirty-one dollars. A banquet at the sanitarium and an informal reception will be part of the entertainment provided.

COLORADO.—The State Board of Nurse Examiners held its annual meeting at Denver on April 24, 1907. The following officers were elected for the ensuing year: Miss Maud McClaskie, president; Miss Mary B. Eyre, secretary-treasurer. The examination and registration of nurses were continued on the three following days. Five hundred and fifty-seven nurses have been registered to date. The State Association is affiliated with the State Federation of Women's Clubs and has elected Miss L. M. Fowler, superintendent of nurses at the City and County Hospital, Denver, as its delegate beside the president who is always expected to act. The statements printed in the May JOURNAL as to the result of examinations only cover the period up to January 1, 1907. Miss L. G. Welch has been reappointed for five years to the Colorado State Board of Examiners.

COLORADO.—At the annual meeting of the Colorado State Trained Nurses Association, held in Denver, May 9th, the following officers were elected: president, Miss L. A. Beecroft, Pueblo; first vice-president, Miss M. Bullene, Denver; second vice-president, Mrs. E. R. Lee, Greeley; secretary, Mrs. C. Chamberlin, Boulder; treasurer, Miss A. Duff, Denver. Miss Clara Follmer, Colorado Springs, and Miss Maud McClaskie were elected to the Board of Directors, the former to fill an unexpired term.

REGULAR MEETINGS

BROOKLYN, N. Y.—The annual meeting of the Alumnæ Association of the Methodist Episcopal Hospital Training-school was held at the hospital April 10. Reports read from the different committees showed that a profitable year had been passed. A very good address was read by the president, dwelling particularly on the matter of devising some way of caring for the middle classes; she commented also on the lack of enthusiasm by Brooklyn nurses in the matter of registration. The secretary reported a total gain of four members during the year, and the treasurer's report showed the finances to be in a very good condition.

The results of the elections were as follows: President, Miss Shipman; first vice-president, Miss Stubenrach; second vice-president, Miss F. Smith; secretary, Miss Kenny; treasurer, Miss Ferris. Conveners of committees: Educational, Miss Waterman; press, Miss Kirkpatrick; social, Miss Sandberg; credential, Miss Culbert.

PHILADELPHIA, PA.—The annual meeting of the Presbyterian Hospital Alumnæ Association was held on Friday, May 3rd, thirty-three members being

present. The business consisted of the address of the retiring president, Miss Jennie A. Manly, the reports of the secretary and treasurer, and the election of officers for the ensuing year.

During the winter a program for the monthly meetings consisting of a question box, demonstrations in Hospital Work, and papers on Traveling with a Helpless Patient, Hints on Private Nursing, and the History of Nursing, was successfully carried out. The usual sum of $50.00 was sent to Miss Foster, one of our foreign missionary members, toward the support of four orphan children in Kodoli, India.

NEWTON LOWER FALLS, MASS.—The Newton Hospital Nurses Alumnæ held their annual business meeting on April 24. Officers for the ensuing year were elected as follows: President, Miss H. E. McAfee; vice-presidents, Miss Araminta Wetmore and Miss Theodora McKiel; treasurer, Miss Josephine Abbott; secretary, Miss Bertha Allen; assistant secretary, Miss Emily J. Starkey.

HARTFORD, CONN.—At the last annual meeting the board of managers of the Hartford, Connecticut, Visiting Nurse Association voted to provide central headquarters for their nurses, and in January a suitable flat was procured at 50 Spring Street. On March 5 the apartments were open for inspection by the board and a few guests, among whom we were honored by Dr. Gurdon Russel, President Emeritus of the Hartford Hospital, and a generous friend of the Visiting Nurse Association. The demands for the visiting nurse's services have greatly increased during the winter, which necessitated employing a third assistant.

HARTFORD, CONN.—Hartford members of the Guild of St. Barnabas enjoyed a talk on "Missionary Nursing Among the Igarrotes," by Mrs. Staunton, who is seeking volunteers for the work in the Philippines. Mrs. Saunton brought many interesting curios from the natives, among them an undervest made of gauze bandages—an example of industry and economy to us, though scarcely practical.

MIDDLETOWN, CONN.—The State Association of Visiting Nurses held its annual meeting April 16, at the parish house of the First Congregational Church in Middletown, Connecticut, and the following officers were re-elected: President, Miss M. J. Wilkinson, Hartford; first vice-president, Miss Mary Beard, Waterbury; second vice-president, Miss Martha Ball, Middletown; secretary and treasurer, Miss Mary G. Hills, New Haven. The report of the secretary and treasurer was read and accepted; four applications for membership were considered and the following nurses were admitted: Miss Yates, Holyoke Hospital, now employed in Middletown; Miss Markham, Rhode Island Hospital, Providence, Rhode Island, now in New Haven; Miss McCormac, Hartford Hospital Training-school 1905. Hartford, and Miss Henrietta Van Cleft, Presbyterian Hospital, New York. Miss Van Cleft was formerly connected with the Henry Street Settlement, New York, but is now doing rural nursing in Lakeville and surrounding districts.

INDIANAPOLIS, IND.—The Indianapolis City Hospital alumnæ association met with the president, Miss Currie, at The Meridian, on May 3rd. After a short business session the meeting resolved itself into a very informal social function. A guessing contest caused a good deal of merriment. Eighteen were in attendance. The next regular meeting will be in July.

MONTCLAIR, N. J.—The quarterly meeting of the Mountain Side Alumnæ was held at the nurses' home on April 18. Reports were read, interesting subjects discussed, and later there was a social half hour with refreshments.

SCRANTON, PA.—The regular monthly meetings of the Scranton Training-school for Nurses were held at the State Hospital on March 21 and April 11. At both meetings the registration bill was discussed. Miss Drinker was elected as a delegate to the state convention at Reading in May.

RICHMOND, VA.—The Old Dominion Alumnæ Association held its annual meeting May 2nd at the nurses settlement, Richmond, and the following officers were elected: President, Mrs. Ernest Keesee; vice-president, Miss M. Ewald; secretary, Miss E. R. P. Cocke; treasurer, Miss A. B. Corling.

PITTSBURGH, PA.—On Thursday evening, April 25, the third meeting of the Mercy Hospital Nurses' Alumnæ Association took place at the Mercy Hospital, Pittsburgh, Pa. Officers for the coming year were elected: President, Miss Margaret Garvey; first vice-president, Miss M. Regis Kiley; second vice-president, Miss Helen Splaine; secretary, Miss Becca St. Clair; treasurer, Miss Nora B. O'Sullivan. The association has a membership already of one hundred. The next meeting will be held on Thursday evening, August 29. Papers for discussion will be prepared and read.

PATERSON, N. J.—The regular meeting of the Paterson General Alumnæ Association was held at the hospital on April 2nd. One new member was admitted. A social half hour, at which the entertainment committee served tea, was enjoyed at the close of the meeting.

PHILADELPHIA, PA.—The annual meeting of the Nurses' Alumnæ Association of the Jewish Hospital was held in the lecture room of that institution Tuesday, April 2nd. There were fifteen members present. The treasurer's report was read and showed the association to be in an excellent financial condition. The annual report of the secretary on the work of the association was read and received. The president made her annual address, which was received with much enthusiasm. The election of officers for the coming year resulted in the re-election of Mrs. Allen F. Myers as president and Miss Mary Graham as first vice-president. Miss Heiman was elected second vice-president; Mrs. Edward Behrend, member of the executive committee; Miss E. Henning, delegate to the annual convention of the Associated Alumnæ of the United States; Mrs. Walter F. Pullinger, secretary and treasurer.

The retiring secretary-treasurer, Miss R. Halsey, has taken up private nursing, and being very successful has little time for the arduous duties of that position. Refreshments were served and a most delightful time followed.

NEW YORK, N. Y.—The regular meeting of the Lebanon Hospital Training-school for Nurses was held at the training-school, April 9, at three P. M. The meeting was well attended and considerable business transacted. Plans for an entertainment in November to raise a fund to endow a bed at the hospital which will be controlled by the Nurses' Alumnæ Association was decided upon and steps have already been taken toward the accomplishment of this undertaking. The officers for the year are: President, Marguerite J. Clancy; vice-president, Josephine McCaffery; second vice-president, Harriette Rosenbluth; treasurer, Mary Burns; corresponding secretary, Marie Schmidling, 107 East Eighty-sixth Street, New York City; recording secretary, Marie Cronin.

NEW YORK.—The Alumnæ Association of the Lebanon Hospital, New York City, has just completed arrangements for an entertainment and dance to be given at the Waldorf-Astoria, Saturday, October 19, for the endowment of a private room at the hospital for its sick members. A souvenir journal is being prepared and it is hoped that the income from the advertisements in this will add considerably to the fund. Tickets will be sold at a dollar each, boxes can be had and donations will be appreciated. Information can be obtained from any of the alumnæ members or from the president Miss Marguerite Clancy, 1053 Tinton Avenue, New York City.

CINCINNATI, OHIO.—The Jewish Hospital Alumnæ Association held its regular monthly meeting and annual social meeting at the Jewish Hospital on May 3rd. The principal business of this meeting was the election of officers for the year 1907 and 1908 as follows: President, Mrs. Ilsen; vice-president, Miss F. Williams; corresponding secretary, Miss Tyrwhitt; recording secretary, Miss E. R. Ardill; treasurer, Miss Isabel Ardill; program committee, Miss Williams and Mrs. Wilkinson.

Two interesting papers were read, one on settlement work, dealing with Miss Lilian Wald's settlement work in New York, contributed by Mrs. Cochnower, and one on Experiences of American Nurses in Japan, by Miss Meilziner. The meeting then adjourned to the nurses' hall, where Miss Greenwood, on behalf of the graduating class, extended a cordial welcome to the members. Tea was daintily served on the balcony.

PERSONALS

MISS ETTA FREEDLANDER, class of 1897, Hahnemann, Chicago, has gone to Seattle, Washington, to live.

MISS MOSS, graduate of the Protestant Hospital, Norfolk, has resigned from the position of superintendent of the King's Daughters Hospital, Portsmouth, Va.

MISS CORA OVERHOLT and Miss Ella Myers, former principal and assistant at Hahnemann Hospital Training-school, Chicago, have recently been guests at the school.

Miss Frida L. Hartman, secretary of the New York State Association, has been appointed head nurse of the gynæcological ward of the Jewish Hospital, Brooklyn, N. Y.

Miss Elizabeth Detwiler, graduate of the Illinois Training-school, has resigned the superintendency of the Danville General Hospital, Danville, Va., to take effect June 1st.

Miss Adelaide Lewis (University Hospital, Pa.), a member of the nursing staff of the Presbyterian Hospital, Chicago, has just returned from a two months' trip in Europe.

Miss E. D. Mills, for four years on the staff of the School for Nurses of the Presbyterian Hospital, Chicago, has recently taken charge of the Edmunson Memorial Hospital, Council Bluffs, Iowa.

Miss Gertrude M. Fowkes, Hartford Hospital Training-school 1905, has resigned her position as superintendent of the Middlesex Hospital, Middletown, Conn., to be married in June to Dr. John Loveland, of that city.

Miss Margaret Tooker, who has been for some years the superintendent of nurses at Michael Reese Hospital, Chicago, has given up her position and has retired to farm life. She is succeeded by Miss Mayfield of the same school

Miss Carrie Bechtle of the Army Nurse Corps, stationed at the Presidio in San Francisco, Cal., for several months, was compelled to return to her home in Evansville, Indiana, in March, on account of the deaths of her father and sister. She will remain at home indefinitely.

Miss Jean McNelly, a graduate of Mercy Hospital, Pittsburgh, has been appointed superintendent of the Washington Hospital, Washington, Pennsylvania. She was formerly night supervisor at Lakeside Hospital, Cleveland, and has recently been head nurse of the operating room at Mercy Hospital.

Miss Margaret McKinley has sold her interest in the McKinley Home and Registry for Nurses, 4955 Washington Boulevard, St. Louis, Missouri, to Miss Louise Niebuhr, of the Illinois Training-school who will continue the work under the same name. Miss McKinley expects to travel abroad for a year, spending the present summer in Dublin.

Miss Menia D. Tye, first president of the board of examiners for nurses in Indiana, has resigned her position on the board, and is now superintendent of nurses in Washington University Hospital, St. Louis, Mo. Miss Lizzie Cox, of Elizabethtown, Ind., was made president in her place, and the governor will appoint a new member to complete the board of five.

BIRTHS

Born.—At Upperville, Fanquier County, Va., April 2, 1907, a daughter to Mrs. Frederick Gochnauer (nee Peak).

Born.—At Poughkeepsie, N. Y., April 23, a daughter to Mrs. I. H. Miller. Mrs. Miller was Miss Florence McDonald of St. Luke's Hospital, Utica, N. Y.

MARRIAGES

MARRIED.—At Temperanceville, Virginia, April 4, 1907, Miss Mary Bruce Seay to Dr. Richard Randolph Nevitte. Dr. and Mrs. Nevitte will make their home in Temperanceville.

MARRIED at Elkhart, Indiana, March 9, 1907, Miss Edith Geiger, class of 1903, Hahnemann Hospital Training-school, Chicago, to Mr. Earl MacBride. They will reside at Kansas City, Missouri.

MARRIED.—Miss Olive Marion Barrett, class of 1902, Methodist Episcopal Hospital, Brooklyn, to Mr. Henry Van Steenbergh, on Wednesday, April 10, at Toronto, Canada. Mr. and Mrs. Van Steenbergh will reside in Philadelphia, Pa.

MARRIED.—On April 17, 1907, Jeannette Marie Boer, to Dr. Abel James Baker. Miss Boer is a graduate of the Butterworth Hospital Training-school, class of 1905. Dr. and Mrs. Baker will make their future home at 427 Turner Street, Grand Rapids, Michigan.

MARRIED.—On April 24th, at South Shaftesbury, Vermont, Miss Susan Dyer Monroe to Dr. Charles C. Sweet. They will reside at Ossining, N. Y. Mrs Sweet was a graduate of the Samaritan Hospital, Troy, N. Y., and was formerly assistant superintendent of nurses there.

IN Scranton, Pennsylvania, January 9, 1907, Miss Llwellyn Hathaway was married to Mr. Thomas B. Akin. Miss Hathaway was graduated from St. Luke's Hospital Training-school, New Bedford, Massachusetts, class of 1905. Mr. and Mrs. Akin will make their home in New Bedford, Massachusetts.

OBITUARY

SARAH A. BRUYA, a graduate of the Worcester City Hospital Training-school for Nurses, class of 1899, died at Middlebury, Vermont, April 9, after a long illness.

MARY P. HEWTON, a graduate of the Lowell General Hospital, class of 1906, died at the hospital on April 8th. At a special meeting the alumnæ association of the school drew up resolutions of regret at her loss.

DIED at the Norfolk Protestant Hospital, Norfolk, Va., on August 11, 1906, of typhoid fever, Katherine E. Lumley, a graduate of St. Marylebone, London England. In Miss Lumley's death the profession sustains a great loss. She was of a firm type of womanhood and her professional ability was of the highest order.

MISS BUBEY, class of 1908, Methodist Episcopal Hospital, Brooklyn, passed away in that institution in February. She contracted typhoid fever and after an operation for a perforation, peritonitis developed. Although only partly through her training she had proved herself energetic and conscientious and her classmates sincerely regret her loss from their ranks.

DIED at the home of her sister, in Lansing, Michigan, April 7, 1907, of pneumonia, Mrs. Junia Stephens. Mrs. Stephens was a graduate of Nichols Hospital, Battle Creek, Michigan, a member of the Michigan State Association, and

of the Lansing and Ingham County Nurses' Association. She was of an amiable and lovable disposition, and her death is a great loss to her associate nurses as well as to her family.

BROOKLYN, N. Y.—On Easter Sunday afternoon services were held in the new chapel of the Methodist Episcopal Hospital for the purpose of unveiling a tablet in memory of Dr. Fowler. The inscription on the tablet reads: In memory of Dr. George Ryerson Fowler, Surgeon to the Methodist Episcopal Hospital, 1887-1906, This tablet is erected by The Society of Ex-Internes, In grateful recognition of him as Teacher, Counsellor, Friend.

THE Alumnæ Association of the Augustana Hospital Training-school for Nurses, Chicago, announces the death of a member, Miss Augusta Erickson, class of 1899, which occurred in Moline, Ill., March 28th, due to ptomaine poisoning. Miss Erickson was at the time of her death the visiting nurse of Moline, where she was highly esteemed by rich and poor. She had also done conspicuous work for the Illinois State Association in its work for registration of nurses, and her untimely death has left an aching void in the hearts of her many friends and co-workers.

RACHEL JANET ELDREDGE, a graduate of the Buffalo Training-school and of the New York Memorial Hospital died at the home of her mother at Ovid, Michigan, on April 29, after an illness of more than a year. Miss Eldredge had been matron of the Bowman Hospital, Duluth, Minnesota; superintendent of the Northwest Hospital, Minneapolis; and superintendent of night nurses at Roosevelt Hospital. She finally located at Atlanta, Georgia, where she remained until broken health forced her to give up her work. Her patience and courage during the long months of extreme suffering were beyond expression. She was loved by every one who knew her and is mourned by all.

THE death of Clement J. Bradfield, a member of the Mills' Training-school for Nurses, took place at Bellevue Hospital, April 21, 1907. Mr. Bradfield contracted pneumonia while in pursuit of his work in that institution, and after a severe illness of two days, died. The funeral took place from the Mills' Training-school for Nurses, Monday, April 22, and interment in Philadelphia, Pa.

Mr. Bradfield was a native of England, and was in the second year of his course of training. By his kind and unassuming manner he had won the respect and affection of those associated with him.

He leaves a father and mother in England and a sister, Miss Emily A. Bradfield of Philadelphia, also a trained nurse, who have the heartfelt sympathy of the entire school.

TRAINING-SCHOOL NOTES.

THERE has been recently erected in Schenectady, New York, in connection with the Ellis Hospital, a home for nurses, which is possibly as complete as anything of its kind to-day. We owe this beautiful home to the benevolence of Mr. Joseph W. Smitley by whom it was erected and of Mr. John Smitley by whom it was furnished, in memory of their mother, "Kiziah Whitmore Smitley." It is known as the Whitmore Home. Every detail is perfect. The home is sufficiently remote from the hospital to have delightful home atmosphere, and still is very accessible. Nothing for the comfort of the nurse has been overlooked. It accommodates the staff and pupil nurses of the Ellis Hospital, with apartments for the superintendent of nurses.

The floors are all of hard wood beautifully supplied with oriental rugs. The library and reception rooms are most attractive. Mr. Smitley has also furnished for the nurses a complete collection of all the standard works as well as a selected reference library, also the best magazines published are sent each month to the home. The sleeping apartments are models of their kind, with a sufficient number of bath appliances. We cannot but hope that the nursing work and nurses may find many such friends as Mr. Smitley. A more fitting memorial than the "Whitmore Home" would be hard to find.

THE S. R. Smith Infirmary (of Staten Island, New York) Training-school for Nurses gives the following information regarding special service for nurses in contagious diseases in affiliation with other schools for nurses.

This school will affiliate with such registered training-schools for nurses as may desire to furnish their pupils with training in diphtheria and scarlet fever under the following regulations:

1. Only pupils who have completed their first year will be received.
2. The school sending a nurse may select the service (either diphtheria or scarlet fever) or elect to have the term of not less than six or more than eight weeks divided equally between the two.
3. When both services are accepted, a day off duty is allowed in making the change.
4. Pupils taking this service are advised to make use of either probationer's, or well-worn uniforms. Also well-worn underwear.
5. It is expected that a limited wardrobe will be brought.
6. Pupils entering the diphtheria service are expected to receive an immunizing injection of antitoxin. In case pupils contract either disease while on duty in the contagion wards they will be duly cared for, but their places must be filled from their own schools.
7. Graduate nurses are eligible to this service.
8. No theoretical teaching is given.

NEW YORK, N. Y.—The graduating exercises of the Lebanon Hospital Training-school for Nurses were held at the training-school on Wednesday evening,

April 10. The usual addresses were given and the Hippocratic oath administered. Dr. Henry Roth presented the following nurses with their diplomas, and Mr. Jonas Weil, president of the hospital, with their pins: Margaret Agnes Leonard, Carolyn Elizabeth Depew, Helen Agnes O'Shea, Lenore Marie McIntyre, Jennie Chariff, Clara Baron, Theresa Rimsky, Freida Golda Katz, Bessie Frances Aiken, Pauline Horwitz, Lydia Jane Stratton, Annie Elizabeth Aiken, Esther Grover.

Mr. Jonas Weil's awards of twenty dollars and fifteen dollars in gold were won by Miss Rimsky and Miss Stratton. Mr. Harry Stern's annual presentation of hypodermic sets was not forgotten, and Dr. A. Mayers gave each graduate a thermometer. The alumnæ association also presented the class with a small token. The hall was decorated with palms and the school colors, purple and gold, and the abundance of flowers which the graduates received added much to the beauty of the room. After the exercises there was dancing, and refreshments were served.

ELEVEN nurses were graduated from the Indianapolis School of Nursing, Indianapolis, Indiana, on the evening of May 2nd. An address was made by Hon. Hugh Th. Miller, Lieutenant-governor of the state, and the diplomas were presented by Hon. Charles Bookwalter, Mayor of Indianapolis. The graduates were: Marion Colerick, Bessie Daller, Georgia Funk, Mabel Goodale, Flora Belle Holder, Lena Holten Kimberlin, Ethel McKinstray, Virginia Mayo Robinson, Edna Grace Shackford, Mary Shauck, and Nellie Wollom.

THE annual commencement exercises of the Farrand Training-school for Nurses were held at the Swain Home, Harper Hospital, Detroit, Michigan, on Tuesday evening, April 16.

PRESIDENT A. C. DUNHAM of the Hartford (Connecticut) Electric Light Co. has donated five thousand dollars to the Hartford Hospital for a new operating room for private patients.

THE Sheppard and Enoch Pratt Hospital School for Nurses held a demonstration of methods and appliances by the candidates for graduation on May 6, 1907, the program was Cleansing bed bath, Arm bandage for Neuritis, Leg bandage, Head bandage, Cold ablutions, Head treatment, Back treatment, Pack for violently excited patient, Drip sheet, Resting jacket, Preparation for Lumbar Puncture, Serving tray for Diabetic patient, Attractive lunches, Exhibition of Clinical Charts and Mental Records. An opportunity was afforded to inspect some of the wards and the hydrotherapeutic establishment at the conclusion of the demonstration, after which lunch was served in the recreation hall to those in attendance.

THROUGH the generosity of Mrs. John K. Branch, a fourth nurse has been added to the district nursing force of the Nurses Settlement, Richmond, Virginia.

FOUNDER'S DAY was celebrated at the Mary Thompson Hospital, Chicago, on May 8th, by the opening of a new nurses' home which has been erected by the board of managers.

THE graduating exercises of the Albany Hospital Training-school for Nurses were held at the Albany Academy, on the evening of May 17, followed by a reception at the nurses home.

THE attention of all JOURNAL readers is called to the educational opportunities offered yearly by Columbia University. Among the many courses of study—music, languages, history, and all classical and scientific subjects—which are given in the Summer School, there are always three courses of special interest to nurses, dieticians, and all those whose work deals with the human body and its functions and needs. These are the courses in Chemistry, Domestic Science, and Physical Education. For the full announcement, application should be made to the secretary of the summer course, Columbia University, New York, from whom full particulars can be obtained.

THE following program, presented for the benefit of the senior medical students of the University of Iowa, was recently practically demonstrated by the senior and junior nurses of the University Hospital.

1. Bed-making.
2. Admission of patient.
3. Bed-bath.
4. Care of mouth, hair, and nails.
5. Changing of bed.
6. Mustard foot-bath in bed.
7. Typhoid tub-bath.
8. Hot pack.
9. Application of turpentine stupe, application of poultice.
10. Bandaging foot; hand and arm; head bandages.
11. Preparation for emergency operation in private house.

THE second graduating exercises of the School for Nurses of the Presbyterian Hospital, Chicago, were held on Thursday, April 11, in the nurses home. Seven nurses received diplomas.

A RECEPTION was given by the president and board of managers of the Presbyterian Hospital, New York City, to the class of 1907, at the school of nursing, Florence Nightingale Hall, 37 East Seventy-first Street, on May 15.

THE graduating exercises of the Paterson General Hospital Training-school for Nurses, Paterson, N. J., were held in St. Paul's Parish House on May 3, 1907, when the following nurses were given their diplomas by Walter B. Johnson, M.D., president of the hospital: Miss M. M. Marshall, Miss Elizabeth Mangold, Miss Anna Greenan, Miss Anna Cole, Miss Eliza Clark, Miss Edith Cooper, Miss Katherin Irwin, Miss Albertine Trottier, Miss Rose Ranson, Miss Mary N. Tendrum, Miss Myra Tendrum, Miss Mamie Chappell, Miss Maud Winnie, Miss Lucy Reynold. This class is the largest ever graduated from this school. The surgical prizes awarded by Dr. McCoy were won by Miss Cooper and Miss Reynold. Mrs. Clara Weeks Shaw, founder of the school, spoke a few words about the improvements that have taken place since her departure. The address of the evening was given by Miss Emma D. Cushman, class of 1892, who has been a missionary in Asia Minor, on "The Life That is Worth While." Miss O'Neil, dean of the school, was presented by the medical staff with a beautiful brooch.

THE graduating exercises of the Johns Hopkins Hospital Training-school for Nurses were held on May 23d, followed by a reception in the hospital grounds. The address was made by Mr. Arthur B. Kinsolving, and the diplomas were distributed by Mr. Henry D. Harlan. The graduates were: Helen Adams, Sarah R. Addison, Elizabeth Benzinger, Rosa F. Boley, Florence A. Boyce, Inez Cadel, Emma E. Carter, Grace V. Carter, Edith Coale, Sue B. Crenshaw, Ethel Freeman, Alice E. Henderson, Mary E. Hooper, Mary A. R. Keating, Leah Kirkland, Helen Landers, Colina MacDonald, Alice C. Mills, Anne H. O'Connell, Florence M. Patterson, Bertha B. Quaintance, Agness M. Raymond, Mary E. Reed, Mary H. Saxton, Camsa D. Shipley, Berta D. Staley, Effie J. Taylor, Sarah M. Thomas, Charlotte A. Turford, Mary E. Tyree, Beatrice A. Whish, Mary L. Willis. A scholarship was awarded Miss Staley to pursue post-graduate study and special work in the school.

THE graduating exercises of the Training-school for Nurses of the Hospital of the Good Shepherd, Syracuse, N. Y., were held on May 23d. The following nurses received diplomas: Mary E. McClure, Clara E. Cummings, Elizabeth K. McCuen, Anna M. Taylor, Helen E. Freer, Anna M. Brilbeck, Bessie O. Finch, Antoniette V. Mercelis, Kathryn M. Vincent, Margaret V. Conley, Ada B. Powell, Mary A. Finnegan, Mary E. Lemax, Grace E. Abbott, Gertrude M. Cushman, Annie Bishop, Katherine A. Schemel, Helena C. Johnston, Gertrude M. Grant, Estelle C. Hitzelberger, Emily E. Davis. Three nurses from the Thanksgiving Hospital, Cooperstown, N. Y., received certificates for a special course in pediatrics: Alice M. Lindgren, Fanna Stringham, Audrey M. Corson.

Through the benevolence of a Chicago gentleman, a farm of one hundred and sixty acres in Indiana has been secured for the purpose of providing convalescent children with good air and food. Provision will be made for ten children every two weeks who will be selected by the visiting nurses from those under their care. If the plan proves successful this year it may be made permanent. Miss Nina Benton, a graduate of the Hahnemann School, Chicago, will be in charge.

THE graduating exercises of the Garfield Memorial Hospital School for Nurses were held on May 23d. Addresses were given by Admiral Rixey, Surgeon General of the Army, and by Hon. James R. Garfield, Secretary of the Interior. The graduates were presented by Dr. Yarrow, president of the medical staff, and the diplomas were conferred by Justice Harlan. The graduates were Katherine Kramer, Irene Hamilton, Nannie C. Cline, Jeannette I. Parrish, Edith J. Carl, Mottie Good, M. Ethel Teague, Ada M. Pendleton, and Anna B. Annett.

THE graduating exercises of the Training-school for Nurses connected with the Chicago Baptist Hospital took place on the evening of May 28th in the Immanuel Baptist Church. Addresses were made by the Rev. Johnston Myers, D.D., and by Dr. Frank Wieland. Miss Royan, the principal, administered the Hippocratic oath and the diplomas were presented by Mr. Samuel J. Sherer, president of the board of directors. The graduates were: Wilhelmina Weaver, Ruth A. Buckley, Anna C. Kniebes, Mary A. Walker, Ada G. McLean, Gertrude E. Beck, Ethyl E. Walker, Gladys J. DeMars, Harriet I. Condon, Alma A. Ayres, Deborah B. Richter, Elsie Gray, Jeannette S. Van Houte, Clara E. Russell, Sophia C. Anderson, Lillian M. Kervis, Fannie E. Van Kirk.

PRACTICAL SUGGESTIONS

In caring for infants during hot weather, great attention should be paid to the clothing. A knitted band over the abdomen, light woolen hose, a napkin and thin slip, are usually enough during hot weather. The feet should be noticed, often, and if they are cold to touch, a hot water bottle should be applied, but no blanket or quilt put over the child.

M. C. L.

Use light, woolen blankets in cold weather, not cotton bed-cloths or quilts, they are not as warm and are very heavy for a helpless infant. Use hot water bottles freely, both in winter and in summer.

M. C. L.

Infants should have a little cool water, that has been boiled, every three hours during hot weather. A teaspoonful of orange juice, in three teaspoons of water, fed early in the morning, is very refreshing to an infant and is sometimes useful in cases of constipation.

M. C. L.

A newspaper is authority for the statement that castor oil makes a soothing external remedy for burns, when mixed with sufficient water to form an ointment. A nurse would wish to try this remedy for herself before recommending it, though it sounds genuine. Another remedy for small burns, such as are received while cooking, is a wet dressing of household ammonia. This is almost always on hand in a kitchen and stops the pain immediately. This was first suggested to the writer by a woman physician who explained its action as being that of a local anæsthetic.

Melt a small piece of imported castile soap until it is a jelly, into this stir yellow corn meal with a silver fork until it is thick. This is excellent to use for cleansing the hands before scrubbing up for an operation or a dressing. If used often and followed by a hand lotion composed of 2 oz. glycerine, 2 oz. spirits camphor, and 6 drops of 95 per cent. carbolic, it will keep the hands soft and smooth in the coldest

weather. The soap and corn meal mixture should be prepared only in small quantities, for if it stands long fermentation will begin.

J. A. T.

Probably every woman who has cooked cocoa has found the cocoa pan difficult to wash. A much tried amateur cook found that if the stew pan in which the cocoa is to be made is thoroughly wet all over, before the milk is put in to heat the milk will not adhere and it will wash easily.

As we hope the whole nursing world is about to pack its bag for a summer outing, a few travelling suggestions may not come amiss. A roll of cheesecloth squares, of the absorbent variety, will be found invaluable on a long trip to be used for washcloths, towels, handkerchiefs, dusters, napkins or for any need that arises. Several dozen occupy a very small space. A bag large enough to hold one's hat with a draw string to hang it to a hook in the train will prove a convenience. Lemon juice is a comfort when one's skin becomes irritated by dust. Beef extract or sweet chocolate may keep one from starvation when connections with dining-cars fail; it is well to have some such resource on hand. If a nurse is travelling with a bottle-fed baby for a long distance, she should not depend only on her carefully prepared food supply, but should carry also some kind of baby food that can be made with water, as no one can tell when milk may sour or ice give out.

If cheese cloth is wet it can be torn like any cotton cloth.

E. R. S.

"The majority of cases to which private nurses are summoned are in the first instance acute ones, in which it is imperative that they should be on the spot as soon as possible. In our opinion it is just as much a part of a private nurse's duty to so order her affairs as to be able to start immediately on receipt of a call as to know her work thoroughly. She should have the bulk of the things she will require ready packed, so that she will only have to add a few toilet necessaries before her box is ready."—*British Journal of Nursing.*

BOOK REVIEWS

MIDWIFERY FOR NURSES. By Henry Russel Andrews, M.D., B.S., London.; M.R.C.P., London; Assistant Obstetric Physician to, and Lecturer to Pupil-Midwives at the London Hospital; Examiner to the Central Midwives Board. New York: Longmans, Green & Co., Publishers. London: Edward Arnold.

One would like to know more of the "Pupil-Midwives," to whom this book is dedicated. So comprehensive a text-book on obstetrics would be little suited to the midwife as known in this country; and that the book is not meant for nurses who after a thorough general training decide to make obstetrical or monthly nursing a specialty the rules laid down in Chapter XXVIII plainly indicate.

These rules which seem to be the pith of the Central Board of Midwives while they do not exactly prohibit the midwife from nursing other non-contagious cases certainly limit her capability when, for instance, they list the drugs necessary for her to have a knowledge of: "ergot, castor oil, chloral-hydrate, sulphate of magnesia, compound liquorice powder, and olive oil." Here again we are in need of light. If the same rules apply to the English trained nurse and the American, it would seem that the midwife carries greater powers and responsibilities than her more carefully trained sister the nurse. The rules are not all so generous as this particular one which allows a woman of a few months training to administer chloral at her own discretion; there comes rule 16 which must of necessity be obnoxious to our old friend "Sairey." Rule 16 interferes with the time honored privilege of the local midwife, as we know her in history and in fiction—that of laying out the dead, limiting her ministrations in this instance to her own victims. Of course, it is possible that the midwife as we picture her and the midwife as she really exists may be a vastly different person.

There is a great difference in the handling of the subject from our method of treating it. These British books are so very prone to a tremendously technical way of writing—there is such a bristling of long words, and to the ordinary simply educated person such a repetition of mystifying names for things that they contrast sharply with books of a like character written in this country. The books for nurses most popular with us, we may safely say, are those of Cooke and DeLee, both emi-

nently practical, either of them going thoroughly into the subject, but carrying along with the technical details, practical instruction for the nurse's benefit. A careful comparison of the English and American writer, gives, some way, the idea that the Englishman writes with a view to his own recreation, the American in order to teach nurses, so that he may find them efficient and ready to help him when he has need of their services.

It is comforting to reflect, that we are not victims to the necessity for relaxation, which a bachelor of science, with all the letters of the alphabet tailing after his name, feels can only be obviated by writing a book for us.

PRACTICAL TEXT-BOOK OF MIDWIFERY FOR NURSES. By Robert Jardine, M.D., Edinburgh; M.R.C.S., England; F.F.P. and S., Glasgow; F.R.S., Edinburgh; Professor of Midwifery in St. Mungo's College, Glasgow; Senior Physician to the Glasgow Maternity Hospital, Glasgow; Examiner in Midwifery to the Scottish Conjoint Board; Formerly Examiner in Midwifery to the University of Glasgow; Late President of the Glasgow Obstetrical and Gynæcological Society; Author of Clinical Obstetrics, etc. London: Henry Kimpton Publishers. Chicago: W. T. Keener.

This branch of nursing seems to furnish a subject particularly tempting to pens of the men of our mother country, and while it is a subject which never fails to command attention and to claim interest, one wonders that there is room for so many text-books on the same subject, of equal caliber and as far as one may judge of equal value. The present volume, a third edition, is so much like others of its kind which have been reviewed in these pages as to lead to the mistaken impression that it has already been noticed. There is in this book, however, a certain characteristic personality which is quite its own. The author, in spite of his many degrees of scholarship, gossips like a veritable old wife at times and because he is Scotch, and he writes to the Scotch, he mentions some weird old superstitions that would never have survived in any other country than Scotland.

We are amazed also to read of the dearth of medical attention suffered by the people in the outlying islands of Scotland as shown in the following: "In the Island of St. Kilda, which lies off the west coast of Scotland, for many years nearly all the children born on the island died from tetanus, within a few days of birth. In 1896 the late Dr. G. A. Turner, of Glasgow, gave full instructions to the *missionary* on the

island how to apply an antiseptic dressing to the cord, and since then no children have suffered."

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. An introduction to the Study of Obstetrics and Gynæcology, for Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M.D. Professor of Clinical Gynæcology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc. Third Edition. Philadelphia: F. A. Davis Company, Publishers.

The title of this book is a very comprehensive review of its contents. The first eight chapters are devoted to the subject proper, the ninth and last being devoted to the details of laboratory work in connection with the study of embryology. The whole book is interleaved with blank pages for a student's notes. It bears upon it the marks of a student's (medical student's) book, but it is safe to predict that until nurses have one of their own this one will have many readers. The question of how much or how little we shall teach children about reproduction is one to be set aside until we know more of the subject ourselves, and for this knowledge we need literature of a kind that the present book indicates rather inadequately.

"NATURE is often moderately well satisfied with very imperfect obedience, and if it were not so, I do not know how the poor could live, nor how the district nurse would find courage to continue her struggles on their behalf. A child may be most unsuitably and improperly fed, but if it has abundant fresh air, sufficient clothing, and a cheerful environment it may nevertheless flourish; or it may be well fed and left entirely unwashed, but with plenty of exercise and occasional change of underlinen, it may yet grow and thrive. For this reason let the district nurse take courage if she can improve even one condition of her patients' lives, if she can introduce flannel shirts here, open windows there, nourishing food somewhere else, and cleanliness in yet another quarter."—*The Nursing Times.*

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING FEBRUARY 12, 1907

BILLIANI, BERTHA, transferred from Fort Bayard to General Hospital, Presidio of San Francisco, in time to sail for the Philippines, on the transport of May 6th, for duty in that Division.

HANSON, ALMA C., graduate of Malden Hospital Training-school, Malden, Massachusetts, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KENNEDY, EMILY, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

KROTZER, BERTHA M., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

LANGSTAFF, L. ELEANOR, formerly on duty at Division Hospital, Manila, home on leave prior to discharge, at the expiration of three years' service.

SANDERS, MINERVA A., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

SHEA, ANNIE M., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

WILLS, HARRIET ELSIE, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed May 6th.

ZIEGLER, BARBARA, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

AN editorial in the March number of the *Australasian Nurses Journal* on The Responsibility of Nurses calls attention to a case of peculiar interest in New Zealand. A nurse who was in charge of a private hospital was tried for manslaughter because a newly-born infant in the hospital had died from neglect. The nurse was not well at the time, and an untrained nurse was acting in her place, but she was held responsible. While our laws are different, it is well for us all to heed the fact that any trained nurse, whether in a hospital or a home, is responsible for the patients or patient under her care and should not shift that responsibility save to an equally competent person.

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President, Miss L. G. Richardson, Third and Montgomery Streets, Portland, Oregon.
Secretary, Miss Bessie De Voe, 374 Third Street, Portland, Oregon.

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, Miss Roberta West, Wilkes-Barre, Pa.
Secretary, Mrs. Edwin W. Lewis, 523 Second Street, Braddock, Pa.
Treasurer, Mr. William R. McNaughton, 265 Emerson Street, Pittsburg, Pa.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, Miss Lucy C. Ayres, Rhode Island Hospital, Providence, R. I.
Corresponding Secretary, Miss Alice G. Dexter, 133 Delaine Street, Providence, Rhode Island.

TEXAS STATE NURSES' ASSOCIATION.

President, Miss Jennie S. Cottle, Houston, Texas.
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President, Miss M. E. Brydon, 714 Colquhoun Street, Danville, Va.
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President, Mrs. A. S. Marshall, Spokane, Wash.
Secretary, Mrs. Schofield, Spokane, Wash.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, Mrs. George Loundsbury, Charleston, W. Va.
Secretary, Miss Margaret Joachim, Charleston, W. Va.

THE AMERICAN JOURNAL OF NURSING

VOL. VII | JULY, 1907 | NO. 10

THE THIRTEENTH ANNUAL CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

SECRETARY'S REPORT.

THE Thirteenth Annual Convention of the American Society of Superintendents of Training-schools for Nurses was held at the Hotel Rittenhouse, Philadelphia, on April 8, 9 and 10, 1907. The Committee of Arrangements, of which Miss Ada Payne, of the Protestant Episcopal Hospital, was chairman, left nothing undone for the comfort and pleasure of the visiting members, and the convention will long be remembered as one where more than two-thirds of the entire membership of the Society was present; for the good fellowship, which seems to increase year by year; for the lively and very general discussions; and for the entertainment, so restful and full of opportunity for real visiting and interchange of experiences, which all agree are of as much value as the meetings themselves. The first session was called to order by the president, Miss Banfield, at eleven A.M. on Tuesday, May 8. The opening prayer by Rt. Rev. Mgr. James P. Turner, was followed by addresses of welcome by the Hon. John E. Reyburn, Mayor of Philadelphia, and by Mrs. Cornelius Stevenson. In behalf of the Society, the president thanked the Mayor for coming in the midst of great pressure of work, and for his sympathy in the aims and objects of the association.

That Mrs. Stevenson's address was appreciated goes without saying, for in addition to a remarkable comprehension of matters near to the hearts of superintendents of schools for nurses, her personality is very charming. The president's address followed, and after a five-minute recess a telegram, just received from Illinois, was read: "Bill signed by Governor at ten P.M."

The treasurer's report was then read and accepted. For the Council, the secretary stated that there had been three meetings since the last convention. At the suggestion of the president, each member of the Society had been asked for subjects for papers and discussions. Forty responses were received, a number of members from different parts of the country naming the same subjects. During the year six members had resigned and ten had forfeited privileges of membership for non-payment of dues. The deaths of two valuable and well known members, Miss Eva Allerton and Miss M. E. Smith, were sadly recorded. Thirty applications for membership had been approved by the Council, and were now presented to the Society for election. Urgent invitations for the next convention had been received from Texas, California and Cincinnati. While the Council usually names the next place of meeting, in this instance it left the decision to the Society.

This report having been approved, the new members were elected. There was lengthy discussion as to the next place of meeting, the subject being re-opened at another session. While the members would have been glad to meet in California with the Associated Alumnæ, many could not do so for lack of time, so that Cincinnati's invitation was accepted.

In the absence of Miss Samuel, the chairman of the Committee on Incorporation, Miss Maxwell reported that through the kindness of Mr. William Church Osborn we are now an incorporated society. A hearty vote of thanks to Mr. Osborn was moved and carried. The secretary then read Mrs. Cadwalader Jones' note of acceptance of her election as an honorary member in New York last year. The president announced the nominating committee: Miss Brent, Miss Dolliver and Mrs. Kinney, and the meeting adjourned. The evening session opened with a paper by Miss Anna L. Alline on "The Supply and Demand of Students in the Nurse Training-schools." Evidently this was a burning question with the members present, for a very animated and prolonged discussion followed, which will be published in the annual report. Miss McMillan then read her paper on "The Physical Effect of the Three Years' Course." The deductions from her carefully prepared statistics and from the discussion, seemed to be that shorter hours and a rigid physical examination upon admission to the schools and elimination of delicate pupils would raise the health record. Wednesday morning, Miss Goodrich, chairman, read her report on "The Hospital Economics' Course," adding a plea for the endowment fund at Teachers' College. Miss Riddle was then asked to read a paper by Mrs. Gretter entitled "Ways and Means of Raising an Endowment Fund for a Chair of Hospital Economics."

After briefly reviewing the early history of the establishment of this

course, the president called for an expression of opinion from several former pupils. Miss Parsons said that to her it was simply invaluable, that her daily work had been much the richer and she herself a better worker because of that year at Teachers' College. Others earnestly endorsed the course. Miss Ross, of the Johns Hopkins school, suggested that if every nurse pledged the proceeds of one day's work, and at once, the endowment fund would be assured by autumn. She stated that a few members of her Alumnæ Association had already pledged six hundred dollars. Miss Riddle said, amid laughter and applause, that Massachusetts might not be able to get bills passed, but that they would not be the last in this. Whereupon she promised one hundred dollars from the State Association. Miss Maxwell explained that if Miss Nutting should not continue in her position at Teachers' College, there would be no one to represent nurses' interests there unless we secured an endowment, and she made herself responsible for one hundred dollars. The secretary pledged one hundred dollars from the District of Columbia and proposed that opportunity for making personal pledges be given at once. It was decided that Miss Alline should receive all contributions rather than that a committee be appointed. Within a few minutes, more than one thousand dollars was promised, to be given not later than January 1st, 1908. A list of donors to the endowment fund will be published later. Returning to the question of supply and demand of pupil nurses, Miss Walker made the following motion: "That a pamphlet be published by this Society setting forth the advantages of a nurse's training; containing a warning against short-course and correspondence-schools and giving the names and addresses of schools recognized by our Society and that said pamphlet be placed for sale and advertised in such a manner as to attract the attention of qualified women." This was seconded by Miss Dolliver and unanimously carried. It was decided that the Society meet the expenses, and Miss Walker was appointed chairman of the committee.

Mrs. Kinney was then appointed chairman of a committee to protest against the admission of graduates of correspondence-schools to the Civil Service examinations; also that the Bureau of Education be notified that such schools are not up to the standard and be requested not to include them in their professional school statistics. The question of a permanent badge was then brought up and after some amusing discussion, it was voted that one be adopted the selection being left to the council. At Mrs. Kinney's suggestion, the Society renewed its offer of services to the Surgeon General of the United States Army in case of national calamity. On Thursday evening, Miss Dock spoke of the approaching Conference in Paris, of its educational importance, and hoped that the Society would

be well represented there. Miss Nutting was appointed as the representative of the Society. Miss Maxwell then spoke of the necessity of trying to induce the young nurses to save their money and look out for the rainy day. She said that through the kindness of Miss Sargent, who is connected with the St. Barnabas Guild and the News Letter, an annuity can be obtained for nurses from the Traveler's Insurance Company of Hartford, Conn., at very reasonable rates. It is endorsed by leading business men in the country, and after outlining the offer it was hoped that the Society would endorse it. There was a long discussion, and while many of the superintendents personally endorsed the plan, the Society voted against it, there being the feeling that it was too serious a responsibility to assume. The remainder of the evening was devoted to the question box. On Friday morning, the Council reported that Miss Goodrich had been nominated chairman of the Committee on Hospital Economics. Miss Goodrich's election by the Society followed.

Mrs. Quintard then read a paper on "Provisions Already Existing for the Care of the Sick of Moderate Means." This brought out interesting remarks, and Miss McKechnie moved that a committee be appointed by the Council to look into the question of nursing for people of moderate means, said committee to present a report at the next meeting, including suggestions for any practical working scheme. It was further moved that the Associated Alumnæ be asked to appoint a committee of two to act with the one from this Society, of which Miss McKechnie is appointed chairman. Miss Davis then read a paper on "What We Are Overlooking of Fundamental Importance in the Training of the Modern Nurse." In this connection, Miss Walker told of the excellent results derived from sending her probationers to the office of a graduate nurse who has taken up physical training. Miss Walker then made the following motion: "That this Society emphatically endorses the three years' course for student nurses and does protest against the movement to reduce the term to two years." This was received with applause, and Miss Drown said: "I wish to add my voice, although feeble, to the endorsement of this resolution. For years we have been endeavoring at the Boston City Hospital to accomplish the three years' course and, as I said in a previous meeting, we began that course on January 1st, 1906, and we want to live to see it through." Laughter and applause followed Miss Drown's emphatic endorsement. The motion was unanimously carried.

Votes of thanks were then offered to all who had contributed to the success of the Convention. Members had been granted the privilege of visiting the new building of the Jefferson Hospital; the tea at the Hospital of the University of Pennsylvania by the superintendent, Miss

Smith, was greatly enjoyed; and all agreed that such entertainment as the boat ride on the Delaware and the automobile trip to Valley Forge was ideally restful in the midst of such absorbing and strenuous meetings as ours. The newly elected president was not present, but a telegram arrived from her at exactly the time that she would have been presented to the Society: "Deeply appreciate honor conferred by Society, Mary H. Greenwood."

The following officers were elected for the coming year: President, Miss Mary H. Greenwood, Jewish Hospital, Cincinnati, Ohio; vice-president, Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pennsylvania; second vice-president, Miss Florence W. Henderson, Royal Victoria Hospital, Montreal, Canada; secretary, Miss Georgia M. Nevins, Garfield Memorial Hospital, Washington, District of Columbia; treasurer, Miss Anna L. Alline, 132 Lancaster Street, Albany, New York; councillors, Miss M. Adelaide Nutting, Teachers' College, Columbia University, New York City; Miss Annie W. Goodrich, Bellevue Hospital, New York City; auditors, Miss Ada M. Carr, 219½ East North Avenue, Baltimore, Maryland; Mrs. E. G. Fournier, Hope Hospital, Fort Wayne, Indiana.

GEORGIA M. NEVINS, Secretary.

ADDRESS OF WELCOME.

BY THE HON. JOHN E. REYBURN, Mayor of Philadelphia

I want to express the pleasure I have at being here this morning and extending to those of you who are strangers in the city the hospitality and welcome on the part of the chief magistrate. Representing, as I do, the people, I am sure that I am simply expressing their sentiment—that they welcome you, and will be glad *after* you have gone. The city of Philadelphia at this time and for several years has been engaged in plans for erecting hospitals on a large scale. Of course, those of you who are residents of the city will know that I have only been in the office about six weeks; but I find that for years there have been great plans laid for hospitals and places for the care of the sick of all classes and conditions; so that I feel that the gathering of your organization here to-day is peculiarly fitting and ought to be welcomed on the part of the authorities and the people of the city as just the thing that should have occurred. Because I believe you have these improvements in our hospital conditions and in the care of those that are helpless thoroughly at heart, if you will give some attention to this subject, as I have no doubt you intend to do,

that being one of the reasons you have come together, you will give valuable assistance to the authorities who have charge of that great work and will help us to help the public and especially the helpless.

You know, we have bought a large amount of ground up at the very extreme end of the city, in what we might call the northeastern section. The land, so far as it lies and as it is to-day, seems to me very well adapted for the purpose. There is a large amount of it, and the country is beautiful around it. The lands themselves are rich—not the ordinary waste lands that are sometimes devoted to these objects, but they have been cultivated and lived upon and there is something human about them —something that it seems to me, if they are treated from the right standpoint, will do much good to those who deserve it and whom we have under our care. You, who are accustomed to caring for such people, who study their conditions and the things that will benefit them the most, *I think* should help us, and I hope you will. I repeat myself by saying that at this very time, not only I, as the mayor, the chief magistrate of the city, but every one, will regard your visit as peculiarly fitting just now; and I am obliged to you and will be obliged to you for any suggestions or any thoughts that your Convention may have upon this subject. Again allow me to thank you for this opportunity, which I assure you I appreciate.

ADDRESS OF WELCOME.

By Mrs. Cornelius Stevenson

Madame President, Monsignor, Mr. Mayor, Ladies: In addressing you to-day, at the request of your president, I feel considerable diffidence, for I realize how little I know of the practical working details of your association, yet every man, woman and child must feel that his or her interests are closely linked with your own. Moreover, I feel some degree of personal pleasure in standing before you as an archæological specimen, as it were, a survival of old conditions which—thanks to heaven and to yourselves—have been superseded; for as a member of a large and stirring family, of which, perhaps, I was the aptest member, I was called upon in the days of my youth to nurse a large number of serious cases, in my ignorant, rule-of-thumb sort of way, with such assistance as the time afforded; that is, uneducated, self-constituted nurses of the Sarah Gamp type who very often made it necessary for one to stand by and protect the patient. So that to-day I feel as if, perhaps, I were better able, by contrast, to appreciate the value of your work and of your association than

you are yourselves. Last week I was reading the address of the President of the United States on the occasion of the unveiling of MacMonnies' statue of General McClellan at Washington; and a passage struck me, strangely enough, in connection with you, whom I was looking forward to meeting to-day. He was reported as saying that one human being shares his respect with a good soldier; that is, "a good woman who fully does her duty.' I say that, strangely enough, I thought of you, simply because, no doubt, nothing was further from the President's mind just then than such as you. He was referring to motherhood. But his words and the association of ideas which they presented evoked a picture and awakened a memory of my childhood.

It was in 1859, in Paris, the battles of Solferino and Magenta had been won by the French; the peace of Villafranca had been signed; and the victorious French army was entering Paris to receive a well deserved ovation; for it had helped to make a people united and free. Triumphal arches had been erected along the boulevards. The city was delirious with joy and pride. I was then a little school-girl, studying alone in Paris, and kind friends had invited me to view the pageant from their windows at the corner of the Place Vendôme. For Napoleon III (whom Victor Hugo delighted in mischievously calling "Napoleon the Little") was to take his stand with his gorgeous staff of generals at the foot of the mighty column cast of the bronze cannon captured from France's enemies by his uncle, Napoleon the Great. Regiment after regiment filed before him amid cheers of the multitude. It was an impressive sight. The colors were tattered; the men were tired and travel-stained. Among them were wounded soldiers and men who had especially distinguished themselves on the battlefield and who received rewards of valor at the hands of the emperor. Among these came a woman. She was a sister of charity; she had been wounded by a shell in caring for the men on the battle-field. Regardless of self, she had recklessly exposed her life, and in her eagerness to alleviate suffering she had gone under the enemy's fire in the pursuit of duty. When she reached the emperor, he and his magnificent staff bowed and uncovered their heads before her; and she received such an ovation as words cannot describe. Not only did the immense crowd cheer, but the army itself stopped for a brief space while the emperor pinned the cross of the Legion of Honor on her breast. And the thundering shout that went up from the parched throats of those tired soldiers in honor of the "good woman who had fully done her duty" still rings in my ears. This was some forty years ago; since then I have seen and forgotten many things, but I never forgot the exquisite sublimity of that moment when all that is best in the human heart—heroism, sense

of duty, manly courage, and womanly devotion seemed to run riot in the air. And yet that sister of charity probably knew but little of nursing as you know it. It was her personality that called forth this enthusiastic respect from her fellow-men.

Your profession and your finely equipped training-schools are distinctly modern products. It is but a little more than fifty years since Florence Nightingale entered upon her active career. You have sprung into being in the midst of a scientific age. Some will perhaps call it a hard age, the age of steel, in the course of which efficiency and knowledge have taken the place of bungling good feeling and inefficient sentimentality. In the so-called "good old times" when a fire broke out, for instance, a call went out for help and the neighbors flocked to the scene of disaster with fire buckets. After the house was burned (for it usually was burned), there was some sympathy and a good deal of conviviality. All this was fruitful of good feeling and sometimes offered opportunity for personal heroism; but there was no skill, no discipline; fires were often disastrous and not infrequently ended in a small riot among volunteer companies. Likewise when disease came into a family or when an epidemic broke out in a city—and epidemics were very common in the days of my youth—the welfare of the stricken ones depended entirely on individual good feeling and kindness. To be sure these were never lacking, but self-sacrifice and heroism without training were often vain. Patients and care-takers might die heroically, but they died. Those care-takers who remained with the doctors in a plague-stricken city were made heroes of; in Catholic countries they were even canonized, like Archbishop de Belzunce at the time of the Marseilles plague, although their efficiency might be far behind their courage.

I found this winter, amongst some old papers, a letter from a leading club of Cincinnati to one of my uncles, who on two occasions, toward the middle of the last century, during violent outbreaks of cholera, had voluntarily remained in the city with the doctors, after all had fled who could do so, in order to help in caring for the victims. His heroism was extolled by his fellow citizens in terms that made me feel proud of him. Yet upon sober thought I came to realize that he had done nothing more than what hundreds of your students are prepared to do at any time. Moreover, his practical usefulness probably was confined to providing supplies and cheering up the doctors under peculiarly depressing conditions, for as far as his knowledge went, he had none; but it was his personality that told, his cheerfulness, his courage, his forgefulness of self, that made him of supreme importance to his fellow men at a time of peril and of general calamity. Those were emotional days. To-day we have

come to regard emotion as a good thing to suppress. The untrained man or woman who would sentimentally undertake to personally nurse a neighbor through a deadly or a contagious disease, instead of providing him with the best professional care obtainable, would be considered foolish or a little short of criminal.

But while thoroughly alive to the immense value of the change in this respect, I would urge upon you, who are entrusted with the training of the most useful class of our sex, to watch carefully lest in developing their intelligent skill and practical sense, you at all neglect those qualities which, owing to their cultivation from time immemorial among women, have come to be regarded as peculiarly feminine, and as instinctive and intuitive. It is highly desirable that those in charge of training-schools and hospitals shall constantly remind the student that no amount of education alone will make a nurse; that the most thorough knowledge of the laws of sanitation and of hygiene; of dietetics, of physiology and materia medica; of practice and anatomy, of hospital economics—in fact, of all that goes to make efficiency in the prevention and cure of disease indispensable as it undoubtedly is—will be insufficient to make a nurse of her unless she has personality and character. By this I mean good-breeding, self-control, intelligent sympathy; above all, the sense of honor that keeps inviolate the highest standards of your professional ethics, and the dignified self-effacement that dominates a critical situation without appearing to command it. However skilful and clever a nurse may be, she is incomplete and fails of her highest mission without that human sympathy and heaven-given tact that induces the confidence and relieves nervous tension in the patient, as well as brings peace of mind to the overwrought family. In my youth the sister of charity was the preferred nurse because, without much of what to-day we would call professional skill, she possessed that trust-inspiring serenity and that faithfulness to duty that brought comfort and hope to a stricken household. It seems to me that the modern trained nurse should regard herself as the sister of those into whose intimate circle her skill has brought her, and I am very glad to bear witness that the very large majority of your profession has reached that standard, and not only commands the respect and gratitude of the community, but has endeared itself to us all. I am therefore much pleased to be able to welcome you to-day to Philadelphia.

ADDRESS OF THE PRESIDENT.

Miss Maud Banfield

You hardly need to be assured again how warmly we welcome you to Philadelphia. I can but tell you again how sincerely we all hope your short stay with us will prove as pleasant to you as we are sure it will be profitable to us. I have often heard members of this Convention say to each other how pleasant and helpful it is to meet together once a year, and discuss some of the many problems confronting us. I will not attempt to settle all these for you, or even come to any conclusion regarding them, for we are met together just for the purpose of discussion. So that if I cannot be brilliant, I may, at least, be brief. Looking back on the history of this Association—for although only thirteen years old, in work and evolution it may almost be said to deserve the word history—it is to me quite remarkable how these meetings and discussions have helped to solve and place upon a working basis many apparently insoluble difficulties and have changed many apparently unalterable conditions; and this may give us courage for the future. Otherwise, we might well be daunted by present conditions. These difficulties, however, are not peculiar only to our profession. The methods of teaching in the public schools are said to be all wrong—pressure is too great; over-fatigue of students of all sorts is asserted. Lack of ideals in all walks of life, of self-denial and self-sacrifice for the public good, of honesty in work, both corporate and personal; you can hardly take up a magazine or a daily newspaper which does not complain of these things in one form or other, in widely different occupations. The additional difficulty and serious responsibility, which we, as responsible officers of institutions and teachers feel, is that these faults and difficulties which some people airily dismiss as a "tendency of the times," are especially serious when concerned with the care of the dependent sick and the issues of life and death, which may very literally and actually result from poor and dishonest work and lack of high standards. In most other professions, the disaster caused by these faults is usually visited mainly upon the individual who practices them, and the greatest tragedy is self-deterioration. Not so in a hospital. Others immediately and clearly suffer.

One of the most interesting phases of our work at this time is the dawning realization of the social relation of the hospital and dispensary to the community at large; its hitherto undeveloped and almost unsuspected power to help and teach and guide the patient, whom formerly it thought it did its whole duty by when it put him to bed under the care

of a physician, when he could no longer stand up, and discharged him as soon as he could crawl; or, perhaps, on the other hand, it insisted on a patient, who could well work part time, and keep his family and little home together by so doing, entering the hospital for the sake of providing "material" for students, or "bed days" to substantiate the claim made to the city or state for maintenance of in-patients. But the margin of the poor is very small, and a home once broken up by several weeks' stay of the bread-winner in a hospital, is hard to get together again. A recent issue of *Charities* states that over 60 per cent. of those applying for assistance ascribe their dependence to sickness. In this newly-learned relation to its patient, the hospital discovers that it is in truth its brother's keeper, and owes him as a matter of justice its experience and wisdom in keeping him in health with the minimum amount of medicine and hospital care; and owes it to him to teach him how to guard the other members of the family from contracting disease. This, of course, especially applies to patients suffering from tuberculosis, but is by no means confined to them. The good that can be done, providing always that those employed to do it are wise and kind, and thoroughly taught, and therefore capable of being a real help, presents to our minds and hearts a most fascinating and illimitable field. In these cases charity is but justice. But to do this work, patients must be followed to their homes. And to follow them, it is not sufficient to provide a well-intentioned lady of charitable instincts, or a pupil nurse hardly yet sure of her own ground. A woman is needed with a natural breadth of view, quick understanding, and wide sympathies, and in addition a thoroughly trained nurse. In the one or two hospitals which have already tried the institution of a "social visitor" in connection with their dispensary work or discharged ward patients, it has been pronounced of great value, opening a wide field for helpfulness.

There are many other branches of social service also open to women, in which a hospital training is almost invaluable—health board inspection, factory and bake shop inspection, charity organization work, nurses' settlements, are a few of the many avenues of work in which a nurse's training is exceedingly valuable, and in some cases, an absolute requisite. This leaves out of account the many executive positions in hospitals and other institutions, which we all of us find it so hard to secure competent women to fill. And yet, in the face of all this, we have the superficial and thoughtless cry that nurses are being "taught too much," and while some say there are too many of them, others say there are not enough. And to remedy all evils, a return to two years' training, less well taught nurses and a lower standard, is thrust upon us as a panacea! There is no

doubt that some kinds of patients do require a maid or attendant, rather than a nurse, but this is a different matter. With the short term special or private hospitals, whose graduates gladly undertake to nurse *any* case, and the correspondence-schools, it surely is not necessary to level all schools down to that basis. The scarcity of good material out of which to teach women to be nurses seems to be very general throughout many different states, and amongst hospitals offering a wide variety of work. The reasons given are various. Some ascribe it to the general prosperity of the country, others to the wide variety of other avocations now open to women, less exacting in their demands upon the time and strength, than nursing. Moreover, in taking up nursing, the applicant seems to consider private nursing the only possibility after she graduates, ignoring entirely the many other avenues open to her. Then the quality of material when obtained is found to leave a good deal to be desired. Neither physicians, parents or guardians seem to reflect that when they send to the hospitals young women of twenty-one or more years of age, they send either some one whose character is more or less formed; who has been taught to consider the rights and privileges of others, to be unselfish in the many small ways required of those living in the family, and perhaps with high, even though vague, ideas as to the help she may learn to be to suffering humanity; *or,* they send a young girl who has been waited upon by her mother and other members of her family, been given her own way or allowed to sulk or be cross if she did not obtain it, and who has, in short, no one's advantage but her own in view for any work she may take up. If not entirely selfish, she is often entirely self-centred. She has never been taught to be anything else. It is impossible in the two or three years at the disposal of a busy superintendent of nurses to eradicate all the faults of home training and environment and implant in their place all the virtues. And yet it is the hospital that is blamed if this is not done, and blamed for not accomplishing impossible results. The attitude of that portion of the medical profession, which writes hostile articles in journals in regard to nurses, and talks slightingly of them at every opportunity, may in time also undoubtedly affect the desire of women of the better class to enter this work. For the public does not realize that this attitude is by no means representative of the medical profession, and that this vociferous opposition to better schools and state registration is simply a matter of vested interests. Many of us in taking up nursing had a vague idea that it was a work which was considered by every one as very essentially a woman's work, and ideals of service and self-sacrifice drew many to the ranks of hospital workers.

Some ten or fifteen years ago, when in England, Scotland and Ireland,

the waiting list of probationers for admission to hospitals was very long, and the requirements not too easy to attain, a lady asked Sir Matthews Ducan: "How long will this rage for hospital nursing last?" He replied: "Just so long as the religious motive in seeking it lasts, but no longer." And it seems as if this might have some elements of truth in it. But it is difficult to teach the rising generation the desirability of hard work, negation of self, and so forth, in view of the modern idea of each one getting the most out of life for himself, with the candid avowal of disregard for others. I cannot see that hospital life will ever be carried on without self-sacrifice, and that the consideration of the individual worker can ever be put before that of the sick. There is, after all, no virtue older than self-sacrifice, nothing more powerful to move the world, nothing newer that is better. But no one ever maintained that it was comfortable, and always marched with one's desires.

As to the cure of these difficulties, the arrest of the retrograde movement of lower standards as typified by the two years' preparation, in place of the three which we fought so hard for, the encouragement of the entrance of women of education and refinement into nursing work, other than private nursing—this might all be helped very materially by the united effort of the members of this association. You have all borne the yoke of responsibility for others. Through no fault of our own, but rather owing to the conditions now prevailing in educational and working matters, it seems as if we must needs soon go out into the world to fight for our right to do the best work we know, instead of the less good which the uninformed are willing to accept. It may be desirable to write and endeavor to publish in lay magazines the many lines of work open to nurses, other than private nursing, with the possible salary such positions bring. Many women have to work, and not only support themselves, but others. Then I think the allowance made the nurse whilst in training should be sufficient, even if only just sufficient, to render her independent of support from friends or family. Protection from attack by a certain element of the medical profession might be dealt with effectively with a little trouble if it seemed worth while.

I recently read the following, which reminded me of you all and of your efforts: "The gain which men and women have made in self-control, understanding of life, beauty and nobility of character, have been secured by those who have lived in advance of the standards of their time. In every generation and in every country there has been a group of those upon whom the light of the morning rested and who have pressed on into the new day. They were not reformers in the sense of aggressively attacking the things in which they did not believe; they were always so intent

on bringing into their lives the power of higher ideals that they served their fellows best, not by what they destroyed, but by what they revealed and made credible. To many who surrounded them those eager seekers for the better life seemed to be pursuing dreams as evanescent as the rainbow and seeking ends as unreal as the pot of gold that lies concealed where the arch of radiant mist rests on the ground. But the mountains stand distinct and immovable, though the near-sighted do not see them; to the far-sighted they are as real and solid as the earth beneath their feet. Men have followed dreams and fallen in a vain, though not always barren, pursuit of them; but those who see further than their fellows and live in the larger relations which their vision reveals to them, are of all men most rational."

THE SUPPLY AND DEMAND OF STUDENTS IN THE NURSE TRAINING-SCHOOLS.

By ANNA L. ALLINE

We have heard not infrequently of late that the number of applicants to the training-schools is decreasing. The facts do not bear out this statement. We find in the statistics that the increase in the number of student nurses is at the rate of several hundred a year. To give it in round numbers: in 1890, there were one thousand five hundred students in the schools; in 1900, eleven thousand; in 1903, the date of the latest available statistics, there were thirteen thousand seven hundred. This goes to show that it is an increase in the demand rather than a decrease in supply. This surely is a matter of encouragement. Nurse training came as a response to a need and has, through the power wrought from intelligence, fidelity and self-sacrifice, become a permanent institution, really essential to the welfare of human kind, and so closely allied to the medical profession that they are inseparable. We may well turn back once more and call to mind that it is woman's work and appeals to all that is highest and best in her. The mother nature always has, and always will, turn to the care of the helpless, whether it is the helplessness of infancy, sickness or old age. It will not change; there will always be that element in it that appeals to woman, and always that nature in woman that responds to the need. We can rest assured of an increasing demand and can be equally sure that there will always be a large proportion of women who prefer this form of occupation to all others.

In preparing to open this discussion, a letter of inquiry was sent to the schools represented in this Society. Many replies were received not

only of definite information asked, in the form of statistics, but long letters of explanation and description of conditions, which are of great value. A study of the reports of these schools, together with a personal knowledge of training-schools from Maine to California and visits to nearly a hundred schools in the past six months, has convinced me that our problem is one of conditions in the schools. While we have schools all over the country, in the city and rural district—large schools and small schools that have, up to date, had no difficulty in filling their classes with desirable students; and this, too, when the course was increased in length from two to three years; some making monthly allowances, and some on the non-payment basis; some requiring a high school diploma for admission, and others, one year in the high school or its equivalent, it is equally true that some schools are not receiving enough applicants and are greatly distressed. The uneven distribution thus shown is directly due to the state we have long been struggling to produce. In our early years of organized effort, many a question was left unanswered, except by the phrase "We must educate the people." This has been accomplished to a considerable extent, one result being that a prospective nurse applies to several schools for information and naturally chooses the one that will best fit her for her chosen work and not leave her broken down in health and spirits, a rather wise and not at all unreasonable foresight. Her selection is finally made after a study of many features. Let us consider some of these features.

The reputation of the school is of no small moment: her history and traditions are as far-reaching as doctors, nurses and patients travel. One of the strongest factors working for good is a competent superintendent having a long term of service. When a superintendent severs her connection with a school, there is usually a period of two or more years during which the position is filled by a succession of people, for varying lengths of time, with a senior nurse filling in between, till the course of instruction is a farce; discipline is most lax; and the school in a deplorable condition. This reacts directly on the care of the patients and the public confidence is shaken. It takes years to get the school back to a good standard and there is always a class or two graduated that has not had thorough training. Often the superintendent takes more responsibility than she can handle well: superintendent of hospital and training-school, medical interne, housekeeper, drug clerk and so on, actually attempting to carry out the detail work of each office. What instruction can she give? How can she fulfill her promises to the students to give them a course of training? She cannot and she knows that she cannot. If she is unable to demonstrate this to the Board in such a way as to be

afforded sufficient assistance to meet these obligations, the responsibility should be no longer continued. Furthermore, the instruction should not be just what could be given impromptu. Lessons should be prepared and the *method* of instruction given much attention. Under such conditions as our class work is given, it requires even greater ability to teach than under model conditions. College professors read, study and discuss subject matter and method all the time in order to properly instruct their students. From what we know of the teaching in the training-schools, is it any wonder that the nurses fear the state examination? We institute state regulations; it is for us to see that the instruction is provided and that sufficient time is given the student to enable her to profit by it. It is to be hoped that the time has come when we can speak of the relation between superintendent and nurse as that of teacher and student, and that it means friendship rather than the feeling and attitude of superior and subordinate. I have recently found instances of the form of discipline that humiliates. That is always degrading; it cannot be uplifting. It is well for us as those having charge of this important work to have a season of self-examination, see where we stand, find out if we are true, search for the weak points, and aim to strengthen them.

With our prospective applicant let us look at the schools themselves and we may see that remedies can be suggested to improve conditions—*sane* remedies. The hours, of course, must still come first and we again have our mathematical problem. How else can we present it with such force? Seven days a week instead of six. Fifty weeks in a year, not to mention six legal holidays, recognized in all walks of life except nursing, which takes a working week out of the fifty. Seven working days mean fifty-six hours a week; no other occupation requires even that number. While this is the least that is possible for a student nurse, many are the ways of increasing them. Six to nine months of the course is spent on night duty and the nights are twelve hours long, eighty-four hours a week. This eight to ten-hour day and twelve-hour night is not mental work alone, nor entirely physical. It is both and it is both of them all the time. Over and above this time of physical and mental occupation, which is quite enough to expect of mortal woman, one is supposed to pursue certain studies, and even this is not the end. If nurses on duty all day do not attend class in the evening, they relieve night nurses for class. Night nurses in some schools are called at one o'clock in the afternoon to attend classes. More often than not, nurses assigned to maternity, emergency and operating-room service are "on call" night as well as day for weeks at a time. We all know these things only too well, but they will have to be the burden of our song till these pernicious

practices have ceased. Pernicious is not too strong a term, for such demands rob a woman of her health, which is all the capital a nurse has. It is her right to guard it and it should be the care of all hospital authorities to see that her health is maintained throughout the course.

The next essential of proper conditions is a room for each nurse, away from the hospital atmosphere, plain, comfortable and healthful. The question of food needs also to be kept before us. As a rule, good food material is purchased, but it is not properly cooked or served. One point that need never occur is the unvarying menu. To be able to say to-day what will be served to you the first, second and third day of every week and every month is in itself enough to rob you of an appetite for it. Food poorly cooked or served is an extravagance and this is one instance where hospital economy is seldom practiced, however much it is preached. These points are more or less known to the applicant and considered by her and her friends. She also looks to the requirements for admission. From a careful study of the reports sent in and the schools themselves, I find that it is not the long course that keeps out the nurses. In fact, it has little bearing on the subject. The general feeling of our superintendents—in fact, of all graduate nurses—is that the three years are necessary, unless the students can come to the schools much better prepared than are the majority of those in training. More years in school attendance and better home training—otherwise, a preparatory course is the only substitute for the approved term. This leaves the two years' course quite out of the question. The non-payment system and the monthly allowance for years past have been discussed from every point of view. Out of the seventy-nine schools reporting on this, eleven make no allowance of money, only three of these mention non-payment as a cause for a decrease in applications. The length of course in these eleven schools ranges from two and one-half to three and one-half years; two of them ask a fee for the preliminary course; several require high school diplomas for admission; some have the eight-hour system; and all have nurses' homes. With these varying conditions the non-payment system may be said to have practically no effect on the question.

Raising the standards has been suggested as a cause of our difficulty. Can we not honestly say that raising the standard tends to improve conditions and call in a larger number, because it will be better worth while? This has been proven time and again, the world over. We are not so unlike other people. The road we are traveling is new to us, but has been traveled many a time before. One year in the high school, or its equivalent, is not high, it really is as low as can be accepted, if we call it a school at all. It means virtually this: that a girl leaves school

at the age of fifteen and for the six years prior to entering the training-school, she has not occupied herself in a profitable way; for six years she has been contented to drift. It will take a year at least to get her into the proper attitude to apply herself or receive instruction. There are two evils resulting from placing these incompetent women in the school. First, we are caring for our sick with an inferior grade of women, which we have no right to do, and second, we are doing a great injustice to the graduates of the school, as well as to the better class of students. Can we shirk such responsibilities? Any school, under such conditions, runs down; the right kind of women will not enter; and its graduates will not recommend it. Patients, too, soon learn to go to the hospital where they may have intelligent care. Any hospital attempting to care for its patients without proper consideration for its nursing force, is accepting patients under false pretences just as much as it would in having quacks instead of doctors or adulterating the drugs. Such things are termed criminal practice. The whole trend of the times is toward better educational advantages. We not only desire but have great need to fall in line, to help and be helped. The very subjects we would outline for a preparatory school are being developed in the high school course. Things are coming our way and we must be alive and alert, when the opportunity offers and not let it pass by. While the high schools and our preparatory schools are uniting on common ground, the betterment of the conditions in our schools should claim our attention. This is really what we are doing, but we must have any amount of patience, courage and perseverance. How are we doing it?

To quote from the nurse practice act of the State of New York after stating the minimum requirements, it reads: "and registered by the University of the State of New York, as maintaining in this and other respects proper standards, all of which shall be determined by said Regents." The minimum requirements are specified, but "other respects" gives a wide scope, not only in the matter of instruction, but number and kind of instructors, hours, housing, food, cleanliness, general appearance, and all things which tend toward the better qualified nurse. For the most part criticism of the schools has been received kindly; it is given in a kind spirit with the sole purpose of being helpful. It is directed to the officer immediately responsible, whether it be the superintendent of the school, chairman of the committee or president of the board. In this way it is decidedly educational. It often cuts close to the nerve and gives another point of view; it is having good effect. There are some, of course, who do not wish to conform to the regulations. It is to their advantage, through the medium of the purse,

or otherwise, to continue in the old way. This is a simple matter. They go on in their own way. The name is stricken from the list of registered schools and the regents have no further responsibility. Do we fully realize that this method of procedure gives us two classes of nurses? Those of the first class are registered; those of the second are not. The outcome of this must be progress. We will have schools that are schools —not treadmills. We must be reasonable in our demands of students and reasonable in our care of them and their instruction. This can be done where the facilities are limited, by the development of school affiliations. To further this development it is important to have definite contracts in regard to time, number of students and subject, placing these contracts on file in each institution. Schools should make their course of instruction more uniform, that affiliation need not seriously affect the theoretical course. Much can be done by the study of a systematic outline such as the one suggested by the State Board in New York. Complete records should be kept of the standing of each student, the practical and theoretical course covered by each and the full outline of the course in progress. This will preclude the interruption of the course by a change in officers and be especially helpful to the students in training. Superintendents should be registered nurses, have registered assistants and registered permanent head nurses. Registration should be required for eligibility to membership in all our societies.

Honest advertising is perfectly legitimate and commendable. State the case attractively and fairly. Then see to it that you make it good. Advertise in periodicals of widest circulation among the class you desire for the work. A consistent solution of the whole question may be expressed in four words—standards, inspection, registration and examinations. Inspection is a means of keeping the schools up to the standard, making registration effective and examinations practicable. To insist on registration of schools and nurses or attempting to force the matter is futile. Let them decide in what class they wish to be. It is more effectual to lead people than to push them. There is always room at the top and competition is a healthful stimulus. It is the policy of the Education Department of the State of New York to be tolerant of conditions so long as there is evidence of honest effort toward improvement. More than this, the Department is ready to assist in every possible way. It is a matter of education to the recipients whether they be students of the school, officers in charge, or even ladies' boards and trustees. On the other side, the Department is just as ready to sever connections with any institution which cannot for good reasons, or will not for other reasons, meet the requirements. The regents have the

necessary power and from my personal experience, though limited as to time, as you know, I am confident that for New York State, at least, our future is secure, if we do our part and work together quietly, rationally and steadily.

WHAT WE ARE OVERLOOKING OF FUNDAMENTAL IMPORTANCE IN THE TRAINING OF THE MODERN NURSE.

By M. E. P. DAVIS

Whenever it is suggested that I attempt to formulate ideas and put them on paper, I am at once reminded of the remark of a noted actor who said: "It is so *easy not* to write a drama that I wonder so many persist in doing it." My present attitude may look like that same foolish persistence in deliberately making effort in the least easy direction. A little explanation will perhaps disabuse your minds of the fear that you are to be "victimized" listening to a tiresome paper setting forth arbitrary views. When I, with the other members, was asked to suggest a topic for discussion at this meeting, I took it literally and at once jumped to a conclusion, and made a snap diagnosis.

I had a little conversation with myself, and I said, "This is a delightful innovation. The Council means to select the most interesting subjects, send a list to each member, or better, publish the list in the Journal, so that each may come prepared with her pros and cons gathered from her experience, more or less convincingly expressed, according to the degree of her positive belief in, or her disapproval of, the points under discussion, stimulating others by her personality to a fuller expression of their opinions, so that new ideas, bare facts or actual experiment may become common property."

Now here was an opportunity to get views on what has long appeared to me an all-important point, the systematic development and co-ordination of the trinity of the pupil, which we are careful to speak of, as the co-operation of head, hands and heart (the intellect, the physical and the humanities). I forthwith grasped the opportunity, posted my topic to the secretary and thought little more about it, till I was notified that the Council thought the subject interesting (or mystifying) enough to select it as a subject for discussion, and agreed that I would be the proper person to put the matter before you, the natural inference being that I knew what I was talking about. I *do* know some of the things, and wishing to know more, consented—not to write a paper but to introduce the subject, "What We Are Overlooking of Fundamental Importance in the Training of the Modern Nurse."

Our dear friendly critics tell us that we are giving the head undue attention and are overlooking the humanities, and, in suggesting improvements in the education of the nurse, make capital out of the perpetual iteration that the nurse is selfish, mercenary, unsympathetic or wants time to eat and sleep while the world is suffering and do not hesitate to say that in the *tout ensemble* of the finished product the humanities count for more, judged by lay standards than technical knowledge or manual skill. Dr. Richard C. Cabot in an address before the New England Society, "For the Education of the Nurse," voiced this universal criticism when he made a plea for what he called "Comfort Nurses, Those Who Fit In," thereby emphasizing and endorsing that criticism. Not that Dr. Cabot is altogether one of the cult who is clamoring for less technical or practical training, but for *more* co-ordinate development of the head, hands and heart, with emphasis perhaps on the heart qualities.

He enumerated among other desirable teachings loving service, sympathy, unselfishness, tact; and singled out tact as the virtue *par excellence* in the nurse's equipment, which he stated *should be* because it *could be* taught. Perhaps it can, but not separated from the whole mental development, which requires a much more strenuous educing and a firmer grasp on the underlying principle which governs motive than we have hitherto been able to secure. But at no stage of the development would I select tact—desirable as it is—as the pivotal virtue in a nurse's manifestation of her mental attitude, because it is a product or exponent of a happy mixture of head and heart qualities graciously expressed through the physical. The regrettable thing is that Dr. Cabot forgot to tell us *how* tact could be taught; of course all the critics *know how,* but they leave it in that delightfully tantalizing state of uncertainty that makes one so indignant when criticized, for the superintendents, or some other body of teachers, of training-schools to tackle and evolve on a practical basis.

In view of the prevalent attitude and our own recognition of the need, is it wise to longer ignore the demand and cling to the old idea that routine, discipline, environment, contact, precept, example, or even high intellectual attainment, is the only ground on which the mental attitude can be approached or the only way through which a change or development of the personality can be effected? It is about as wise, I should say, as for the schools to adhere to the manner of teaching which obtained twenty years ago. Granted that the ideal woman is she who takes the correct attitude toward the issues of life, and regulates her conduct by her standard of character, and that the ideal nurse is but the ideal woman *plus* her professional knowledge, how is the ordinary probationer or pupil

to be brought to recognize this underlying principle from which to work toward ideals, and develop character that will regulate conduct at all times, even when the safeguards of discipline and supervision are no longer operative? How are we to get at this? We reach the mental only through the physical; *i.e.*, we judge the mental attitude by the physical act. For example, if one takes the physical attitude of courage and maintains that attitude, the physical expresses "a bold front," as we say.

We are overlooking then the culture of this physical expression. We are overlooking the important part the instrument plays in this co-ordination and co-operation of the trinity. We must teach the pupil the right use and the possiblities for greater usefulness of the instrument with which the work is to be performed. We might as least teach her to adjust the instrument at the angle of most correct expression, which will be the angle of easiest performance of the physical act. Whether she stands, walks, sits or bends, let the body be so adjusted, the position so normal, that the least exhaustive demand be made on strength, power of endurance or the proper functioning of the body. This will produce a correspondingly easy mental attitude, less friction, less fault-finding, fewer lions in the way. Teach her how to concentrate her whole attention to the thing in hand. "This one thing I do," and it is done well. One thing at a time. Don't let the mind get separated from the body, nor from bodily work, when work is being performed.

Teach her how to relax. We all know the recuperative power of a few minutes' sleep. A few minutes' relaxation is the best substitute when sleep is not possible. Drop everything, every tension, every care, and come as near the unconsciousness of sleep as possible. Let us hear the conclusion of the whole matter, with all our teaching let us endeavor to teach the pupil to get wisdom, which is to "know herself."

THE PHYSICAL EFFECT OF THE THREE YEARS' COURSE.

By M. Helena McMillan

This report can, at best, claim to give only an approximate idea of what the schools are doing to care for the health of their nurses and the results attained by a few, for as there are, conservatively speaking, only a thousand hospitals in the United States, it is possible to get into intelligent touch, as to conditions, with but a small number. Of the institutions selected from which to request information, twenty-three answered the list of burdensome questions, and from these responses to inquiries extending over a period of three years, the following has been attained: Among a total of 2163 nurses, of whom 1639 are pupils, there have been 72 cases of typhoid fever, 13 cases of pneumonia, 24 cases of tuberculosis. There were also reported 31 cases of scarlet fever and 44 cases of diphtheria, but as these were not in reply to a direct question and were not reported upon by all the twenty-three schools, they probably do not represent the total figures of either disease; thirty-eight nurses were operated upon for appendicitis; a few for other causes; while isolated instances of rheumatism, erysipelas, measles, infections, and heart disease, complete the list of those classed among the minor ailments. In twenty-one of the schools, with a total of 1544 student nurses, from all causes, there have occurred sixteen deaths, while sixty-two pupils have been compelled to give up their training through physical inability.

Nine of these hospitals report no tuberculosis among their nurses within three years; thirteen have had no pneumonia, and, better still, two have had no typhoid fever. Nine have had no deaths, within the same period, and in five schools not a single pupil has been compelled to drop out on account of her health. On the other hand, two hospitals have each had seven cases of typhoid fever out of the total seventy-two; one reports six cases of tuberculosis, another four, others two or three. The largest number of deaths reported from any school within the stated three years' period is two—four having had that number. One has had eleven dropped for ill-health, another nine, one seven, another four, while in the majority of schools one, two or three pupils, for physical reasons, could not complete their training. In studying the replies of the schools, there is small opportunity given to suggest cause for the above differences. Of the hospitals acknowledging seven nurses having had typhoid fever,

one states that there was an epidemic in the city. The school reporting the largest number of cases of tuberculosis among its nurses says that "there have been a large number of tuberculous patients admitted into the general wards of the hospital mixed with the other patients." Another states that although tuberculous patients are not received into the hospital, that out of 3911 admissions, sixty-two medical and fifty-six surgical cases, entering for other causes, were found to have tuberculosis.

A third, claiming not to admit phthisical patients, during one year received 188 cases for tuberculous conditions primarily. Of these, thirty-one were medical, while in eight of the 157 surgical cases there was also tuberculosis of the lungs or larynx. Instances were cited of patients treated for surgical trouble, other than tuberculosis, remaining in the wards for some time before chronic tuberculosis was recognized; while not infrequently bedside notes mentioning a "cough with expectoration" or "sedatives given for cough" might at least lead one to think that examination of the sputum was in order. No danger being so great as the hidden one, it is not remarkable that there is tuberculosis among our pupils when they are called upon to nurse the disease without a knowledge of that fact. Twenty-four cases of tuberculosis among 2163 women may not seem large, but each one means more or less of a tragedy —possibly a shortened life, usefulness ended, ambitions given up. At least some of these might have been saved had there been greater care on the part of those responsible for the entrance and examination of patients.

To be sure of original good health on the part of the young nurse, eleven of the twenty-three schools require a physical examination during or at the end of the probationary period. Among this number are some of the large city and county institutions of the country where necessarily the pupils are more exposed than in the schools connected with smaller hospitals. In these eleven schools, with 1069 nurses, there appear eleven cases of tuberculosis, eight of pneumonia and thirty-one of typhoid fever, while in ten of them eight deaths have taken place and thirty-two have dropped from the list for lack of good health. Against this, in the remaining twelve schools not requiring a physical examination, among 1094 nurses there have been fifteen cases of pneumonia and forty of typhoid fever; in eleven of these eight deaths have taken place and thirty were unable to complete the course for physical causes. To prevent flat foot, one school mentions that applicants are advised not to purchase working shoes until arriving at the hospital, when their feet are examined by an orthopedic surgeon and advice given as to the necessary shoe; while if there is a tendency to flat foot, casts are taken and plates made; heels are raised or lowered as advisable, or other faults of the shoe cor-

rected. This school reports practically no trouble with feet breaking down. Other evidences of care for the nurses in the schools of the country are noticeable. In many cases more attention is now given to the food provided than in former years, this being particularly true in institutions where the food is cooked and served, not in the hospital proper, but separately in the nurses' home. The home for the nursing staff apart from the hospital is becoming more and more a recognized fact. Of our twenty-three authorities, only two have their nurses' rooms in the same building as the hospital; in ten the homes are in adjacent buildings; seven are in the grounds of the institution; while four are at a greater distance. The latter has the advantage of necessitating a few minutes in the air, and when meals are served in the home, repeated walks daily. A few of the schools make it compulsory for their pupils to take a walk each day, while the rest are satisfied with advising them to do so. Four of the nurses' homes have single rooms for all their pupils, while, some of the others report a few rooms with three, four or even six beds, most of them have or hope to have a majority of single and double rooms.

It would seem that a good deal of thought on the part of hospitals has been and is being given to the welfare of their nurses, but with all that consideration there is room for much improvement, while unfortunately two conditions still remain which cannot but affect the health and happiness of the pupil nurse. I mean the long hours of duty, particularly of night duty, and the evening class or lecture. When night comes, the nurse is incapable of profiting by even the most wisely arranged course of instruction, and her energies are mainly required to keep herself awake. This must be especially the case when a day's work of twelve hours' duty has just been completed. Two schools frankly acknowledge their pupils working twelve hours a day; others ten hours a day and eleven at night; the majority claim a nine-hour day with twelve-hour night; some an eight-hour day with no information as to the night. The eight-hour day, on many occasions in the nurses' life, lengthens itself into eight and a half, nine, or even more hours; for the same good reasons a twelve-hour day, doubtless, at times, becomes thirteen or fourteen. Even worse than the long day is the twelve-hour night duty, because it is both more common and more difficult. The average woman does not sleep well in the day-time; our hospitals are busy places, by night as well as by day, and the night nurse is apt to be hard worked from the time she goes on duty until released, twelve or more hours later. As the services of a tired woman cannot be of the best, from the standpoint of the hospital and of the patient, it would seem wise to shorten the working hours of the pupil nurse.

Doubtless fewer hours for the nurse mean additional burdens for the superintendent, added expenses to account for, a larger number of nurses, increase in size of the home. It means, on the other hand, a consciousness of just treatment of the student; a possibility, on the part of the nurse, to profit as she should by her training, and, on account of less demand on her strength the increased chance of escaping some of the diseases to which she now falls prey; and in the end better results for the hospital and better applicants for the school. The time has gone by when the normal American woman craves hospital training so badly as to be regardless of its demands and, even if she believes in the blessedness of drudgery, prefers that that drudgery should have a reasonable limit. The record of health in the schools might be considered a fair one, with possibility and opportunity for improvement. This improvement will have to be made if the schools expect to hold the respect of the public and to continue to attract women of ability. Other educational institutions are expected to improve their conditions, and there is no reason why the public should not demand the same of nursing schools. It really seems that the time has come when ancient regulations (such as twelve-hour duty) will no longer be tolerated and we will be compelled to abolish such and substitute modern organization.

WAYS AND MEANS OF RAISING AN ENDOWMENT FUND FOR A CHAIR OF HOSPITAL ECONOMICS.

By Mrs. L. E. Gretter

Principal of The Farrand Training-school, Harper Hospital, Detroit

During the years since there has existed in this Society a Committee on the Hospital Economics Course, every report of that committee has emphasized the importance of the need of the course and the evidences of its value. In every report there has furthermore been an earnest appeal for necessary funds to develop and maintain this course. Its origin was a far-sighted movement. It was in the creative mind of Mrs. Robb, as you all know, that the idea had its inception. She was one who had a vision of the great possibilities of the profession of nursing. She saw that in order to realize higher education and a uniform curriculum for nurses, the superintendents of training-schools for nurses must become better qualified to teach. She promulgated a plan, which met with a responsive and active sympathy from other superintendents, many of whom have given of their time, labor, and money toward the organization and establishment of the course. The need of broader training, of a deeper knowledge, and of scientific methods of imparting knowledge, has, I am sure, been keenly felt by many of us who have the responsibility of teaching and training nurses. Experience is a great teacher, but it is not sufficient to meet the standards of education which must be advanced in order to establish nursing on a professional basis. Much time and energy are consumed in acquiring any knowledge of the principles and methods of teaching, solely by experience. To be most effective, experience should be combined with scientific training.

We who have had only our experience as a guide in groping our way, should give our unqualified support to a movement which will enable those who profit by it, to carry on the education of nurses far beyond the point to which we have brought it. This is a movement which should interest not only superintendents of training-schools, but every nurse in the profession. There is not one of us who is not in a position to make a direct appeal to at least a few nurses, and in this way endeavor to arouse an enthusiastic interest on the part of the many. By giving every nurse the opportunity to assume her share of responsibility in raising the fund, we would be using the most effective means of raising the educational standard of nursing. We want the one hundred thousand dollars to

establish the chair, but we want above all else to develop in our profession that spirit which shall be keen to discern, and quick to grasp every opportunity of furthering true education.

The great object which is before us, because of its high aim and universal significance, furnishes us with the opportunity for that concerted action which is a powerful factor in creating this spirit. The plan suggested by Miss Palmer in the JOURNAL a few years ago, that every graduate nurse in the country contribute to the fund the sum of three dollars, or an equivalent of one day's earnings, is practical. In Michigan a movement was begun to work along that line through the State Association, at its first annual meeting in Grand Rapids in March, 1905. A very able paper, setting forth the object, was read by one of the members, and her arguments in favor of it were most convincing. The result was that a committee was formed then and there to start the work at once. The committee was composed of representatives from the various alumnæ associations and nurses' societies throughout the state. They decided that through their own personal efforts, and through the local sub-committees, which were formed later in the various associations, a direct, personal appeal would be made to every nurse in the state for the sum of a day's earnings. A circular letter and a blank form for the convenience of the contributor and the collector, were sent to every nurse in the state. They read as follows:

DEAR MADAM:

To further facilitate the raising of a fund towards the endowment of a chair in Hospital Economics at Teachers' College, Columbia University, the Michigan State Nurses' Association has decided upon a systematic plan for concerted action whereby each graduate nurse may be given the opportunity to do his or her share in the matter.

The total amount required to be raised by the graduate nurses of the United States for this purpose is $50,000.00.

The amount asked for per individual is $3.00.

(1) If you belong to a Nurses' Club or Alumnæ Association you are asked to help make an organized effort for this purpose;

(2) If you do not, you are asked to make your personal contribution towards it;

(3) Whether you belong to an organization, or are simply an individual worker, you are asked to try and get the support of all graduate nurses who are not identified with any association;

(4) All money raised for this purpose shall be sent to the Treasurer of The Michigan State Nurses' Association, Miss Mary Fletcher, Grand Rapids, Mich.;

(5) Kindly send the money either by registered letter, postoffice money order or New York draft.

Such individual effort will make the concerted action that will assure success. This is your opportunity towards the permanent establishment of means that will assure higher standards and more uniform methods in our profession.

M. E. Smith
Chairman Ways and Means Committee.

Approved
S. E. Sly, President.

Form of Michigan State Nurses' Contribution to the Endowment Fund for the Course in Hospital Economics, Teachers' College, Columbia University, New York City.

Name of Sender.....

Address of Sender.....

Total Amount Sent.....

Form in Which Sent.....

(Registered Letter, P. O. Money Order, New York Draft.)

Kindly remit all collected by April 15, 1905, to Miss Mary Fletcher, to give time to make report at the Associated Alumnæ meeting, to be held in Washington the first week in May.

Make out and keep duplicate copy of this form as filled out and signed by the sender.

Signed.....

Address.....

Sender.

Date.....

The response was encouraging. The sum contributed within two months was $238.25. Up to the present date it has been increased to $517. Included in this sum there are some collective contributions. The Alumnæ Association of the University Hospital gave $12, and later added $24.13, which was the surplus of the money for their entertainment of the State Association, which met in Ann Arbor in May, 1906. The Graduate Nurses' Association of Jackson donated $39. The Grand Rapids Nurses' Club gave a card party, and contributed $18, which were their net proceeds. The Wayne County Graduate Nurses' Association donated $100, which was a part of the balance on hand after the entertainment of the Nurses' Associated Alumnæ in Detroit in June, 1906.

The privilege of contributing to this worthy cause is presented to the members of every new graduating class in our training-school. The response to their opportunity has been favorable enough to encourage me to recommend that means to other superintendents. The nurses in Michigan are fortunate in having had as a leader in this movement Miss

Mary E. Smith. Her successful work in so many lines of educational and professional advancement inspired us all with a faith in the success of this undertaking. Her removal from our ranks by sudden death at her post of duty, a few months ago, has saddened our hearts, but we have the rich legacy of her fine example. It will serve to give us a larger faith, and a deeper understanding of the powerful influence of a noble womanly character. In a letter written to me shortly before she died, she made these statements, which, being impersonal, I may be permitted to quote: "I feel that it is so well within the power of the graduate nurses of the United States to endow their own chair of hospital economics that the work ought to be well pushed. It would be a lasting monument to their belief in the higher education of nurses—and they would be so proud of it! It would create an *esprit de corps* of inestimable worth. Were I actively engaged in the profession I certainly would throw myself heart and soul into that effort. I am as convinced to-day as I was when I first wrote to you that it can be done. The thought came to me as a true inspiration, and my confidence in it is just as great—no, greater, than when it first came. I have had ample time for reflection, and I know it is thoroughly practical. I hope you will keep the matter stirring in Michigan."

The movement certainly will be kept stirring in Michigan! The beginning that has been made toward the achievement of our great purpose is, we believe, an earnest of its final accomplishment. In order to attain the object I feel impelled to urge with great emphasis that we secure now the hearty co-operation and the concerted action of this Society, of the Nurses' Associated Alumnæ, of every state and alumnæ association, and of every individual member of the nursing profession in the United States.

REPORT OF HOSPITAL ECONOMICS COMMITTEE.

MADAM PRESIDENT and Members of the Society: I have the honor to present the annual report for the committee of the course in hospital economics. There are registered at present in the entire hospital economics class twelve students. Miss Isabel Jewell, of the Massachusetts General Hospital, who already holds a domestic science diploma and hospital economics diploma, will this year receive a bachelor's degree, having completed four years of work.

Senior Class: Miss Josephine Durkee, Blockley Hospital, Philadelphia; Miss A. J. Pring, New Haven Hospital, New Haven, Connecticut; Miss Anna Hedges, Brooklyn Homœopathic Hospital, Brooklyn, New York; Miss Elizabeth Harcourt, Buffalo General Hospital, Buffalo, New York. The first three of these expect to graduate with hospital economics diplomas this June, having completed the two years' course. Miss Harcourt, having done some outside teaching, etc., which took much of her time, will finish her two years' work, or sixty points, next year.

Junior Class: Miss Ida Marker, Colorado Hospital, Denver, Colorado; Miss Nellie Hall, Grand Rapids, Michigan; Miss Edith Muhs, Illinois Training-school, Chicago, Illinois; Miss Krug, Holyoke Hospital, Holyoke, Massachusetts. These receive hospital economics certificates: Miss Martha Cretcher, of New Haven Hospital; Miss Kathryn Deeker, Erie, Pennsylvania; Miss Anne Gibbs Hayes, of Pittsfield, Massachusetts.

Three members of the junior class hope to return, if not next year, some time in the near future to obtain their diplomas. Two, however, have had the misfortune to be ill. We are again indebted to Miss Banfield and Miss Riddle for their interesting lectures, and we are also deeply grateful to Miss Dock, who gave a most interesting course, in lieu of Miss Nutting, who found herself unable to come on.

The regular lectures have been supplemented by the following: Mr. Byard, of St. Luke's, on "Purchase and Care of Drugs;" Mrs. Von Wagner gave a very interesting lecture on her work as "A Sanitary Inspector;" Dr. Wood, head of the physical educational department, on "Hygiene of the Nervous System;" Mrs. Codley, of the domestic art department, on "Textiles;" Dr. Volte very kindly gave the class special lectures on "Laboratory Work in Urine Analysis."

Mr. Butler, of the firm of Butler and Rodman, architects, gave several very interesting lectures on "Hospital Construction," illustrating with the plans of recent hospitals erected in New York, and also criticized the plans submitted as an examination by the class. We are also very appre-

ciative of the kindness of the training-school superintendents of the hospitals in the city which were visited by the class. They gave much time and valuable instruction.

The appointment of Miss Alline, the lecturer in charge, as inspector of training-schools of New York state, necessitated tendering her resignation for the first of December. We find it difficult to express our appreciation of Miss Alline's years of loyal and unselfish devotion to this course at the Teachers' College. Its difficulties have been greater than can be generally appreciated, and have steadily grown. She was able to report before leaving not only a number who were working for the certificate at the College, but an equal number studying to obtain the diploma offered for the second-year course. While her loss was of necessity much felt by the chairman, she so arranged the details of the work, that the course has gone on uneventfully and satisfactorily for the remaining months. Miss Hedges, whom she suggested for a temporary successor, has not only carried on the details of the work admirably, but has been able to continue the necessary studies for a diploma. It is her purpose to do some further work at the college next year, and we trust we shall be able to secure her services for such details of the work as Miss Nutting will be unable to handle.

We shall have to ask the Association to continue its efforts to raise the sum necessary to carry on the yearly expenses, which is about $600. I beg to call your attention to two or three items in this brief report. We have this year one of our students completing a four years' course at the Teachers' College, which entitles her to a bachelor's degree. It was much doubted whether any of our students would be able to spend the two years necesssary to obtain a diploma. Last year this was obtained by one. Three will complete their two years this June. Three members of the present June class intend to return, and above all, one of the most brilliant and intelligent minds in our profession has been given the professorship in the Teachers' College, and has promised to give every moment of time that can be spared from the broader work she has been appointed to undertake, to developing and improving this most valuable course. We cannot but be grateful for the steady if not rapid progress these returns give evidence of; neither can we fail to realize how firm a foothold our course has obtained. None of us who have been harassed by the details of equipment and overwhelmed by the difficulties of administration can fail to appreciate what this course can and should be to the institutions being erected yearly all over the United States. That Miss Nutting can do for us what few could, we realize, but have we any right to impose so heavy a burden? And may I again call your attention to the fact that

should Miss Nutting be unable for any reason to continue in her work, her successor would not necessarily be a member of our profession? Can we not this year make some united efforts, through our own large body of women, representing a still larger number, to obtain the necessary sum for the endowment? I believe the opportunity before us is unusual. We have a course established in Columbia University. We have a member of the profession undertaking a field of work which will be exceedingly valuable to us in our own. We have that great department in New York, Bellevue and Allied Hospitals, erecting costly and well equipped buildings, and an unusually broad-minded and progressive board over the training-schools, who would, I firmly believe, be willing to be of any possible assistance in the higher education of the profession. We need to best carry on that work, our own endowment, that we may control our appointment and further the best ends of the Society.

ANNIE W. GOODRICH,
Chairman, Hospital Economics Committee.

PROVISIONS ALREADY EXISTING FOR THE CARE OF THE SICK OF MODERATE MEANS.

MRS. L. W. QUINTARD

IN answer to the inquiry as to the provision made for the family of moderate means in time of illness, I have endeavored to collect data which would give some idea of the provision made by general hospitals, special hospitals, visiting nurse societies and private nurses for the care of families whose incomes are so small that when serious illness develops they are unable to provide for adequate care of the patient without assistance. Owing, however, to the short time given for the preparation of this article, it has been almost impossible to obtain the necessary facts. The paper is therefore presented, not so much as a source of information, as with the hope that it will promote a discussion which will bring before the meeting the manner in which this work is being done in the different cities represented. From the oft-quoted expression, "one must be either very poor or very rich in order to receive proper care during illness," one would be led to suppose that the poor never lack this care, but in cases where the patients are too ill to be removed to a hospital, or refuse to go, it is very difficult to procure satisfactory care for them in their homes. The people we shall consider to-day are not the very poor, but those in moderate circumstances, with an income ranging from fifteen dollars to thirty-five dollars a week, those who have been accustomed to the comforts

and refinements of modern life, for it is this class which feels most keenly the deprivation of intelligent service in time of sickness. When the case is one requiring only the care which can be given by a visiting nurse supplementing that given by the family, the question is easily and satisfactorily solved in our large cities and towns, and also in many smaller ones, for there are few places now that do not have at least one visiting nurse. The chief difficulty arises when it is a question of permanent nursing or when no visiting nurse is available. This question must be considered from the point of view of both patient and nurse.

In the first place, we will consider the means provided for the care of this class of patients in our hospitals, and I shall have to quote Philadelphia, as it has been impossible to obtain the necessary information from other places. The following is a list of prices in some of our hospitals: One gives the lowest price for a private room at $20. One at $2, $2.50, $3 and $4 a day. One from $2.50 to $5 a day. One hospital has a ward of five beds at $10 a week; rooms from $14 up. Another has one ward of five beds at $3, one ward of three beds at $7, and one ward of two beds at $10 a week, and private rooms from $15 up. Obstetrical private rooms at $12. One has a ward of five beds at $10.50; rooms from $20 up. Two hospitals have rooms from $15 up. One, private rooms from $10 to $25. One has private rooms from $12 up. One maternity hospital has rooms from $8 a week, up to $15. Another maternity hospital has single rooms at $14; two in a room, $7. From these rough figures it will be seen that in Philadelphia, which is, no doubt, a fair standard by which to judge other cities, a hospital patient can obtain semi-privacy—that is, with from one to four others in a ward—for from three dollars to ten dollars a week; and from ten dollars to twenty dollars a week will secure a private room including everything except the physician's fee, which may be, and often is, modified according to the circumstances of the patient, and special nursing. In the maternity hospitals a woman can receive care for herself and child at anywhere from twelve dollars to twenty-five dollars a week, which of course does not include doctor's fee or special nursing.

Now let us compare these prices with the probable cost of a serious illness at home, where the doctor's fee will surely be not less than two dollars a visit. A nurse's service costs from twenty-one dollars to twenty-five dollars a week; her board and laundry are three dollars a week; extra laundry for the patient, one dollar a week. Include bills for drugs, and all the *et ceteras* indispensable at such times, and it is very easy to see that people of moderate means, suffering from acute diseases, can be far better cared for at a much lower rate in a hospital than in their own

homes. Unfortunately, the number of the cheaper rooms is so limited that it is not always possible to get one. For incurable cases, no adequate provision is made by our hospitals. Chronic cases, even when in an acute condition, are seldom received by the general hospitals, and it is a rare thing to find a vacant bed in the special hospitals devoted to this class of patients. It is also difficult to find a nurse who will take such cases at reduced rates, although she might be willing to care for a case of pneumonia or typhoid. Some of the reasons why more people do not avail themselves of these hospital privileges are: First, we find a natural antipathy on the part of the patient and the family to her being cared for entirely by strangers, no matter how skillful; second, the patient may be the mother of small children, for whom she cannot make proper provision as to their care during her absence, and she feels that, even though laid up, she can manage the household to a certain extent. Such patients progress much better at home than in a hospital, the constant anxiety in regard to home matters retarding their recovery; third, the case may be one too far advanced for any reasonable hope of recovery, and the family objects to the patient's leaving home for this reason only; fourth, the patient may be in too critical a state to be removed with safety. The latter condition is one we frequenly encounter in our visiting work. We must appreciate that the last three causes make it impossible for many patients who need the very best nursing that can be given, to enter a hospital, even if accommodation could be found for all. These patients must be nursed at home by skilled nurses, and at greatly reduced rates.

In regard to the work of visiting nurse societies in the homes of small incomes: In Philadelphia a nurse is supplied for the home care of such patients at the moderate rate of twenty-five to fifty cents a visit; very often, where two or more visits a day are necessary and the family are in very moderate circumstances, only one visit is charged for; in many cases no fee is collected. If the case is one requiring constant, skilled care to tide it over a crisis, a graduate nurse is supplied from a small fund donated for this purpose, the family sharing the expense when possible. This care is furnished to the very poor as well as to the family of moderate means. The fund, however, is not sufficient to care for many in this way. In Chicago, the Crerar Fund provides a nurse at the usual rate, the patients contributing as much as they can afford. Perhaps some one here to-day can give us more definite information in regard to this fund, and its use. In Canada some directories provide that nurses on the waiting list shall take cases at reduced rates until their names are reached, when they are relieved by another nurse whose name is at the foot of the list. In Philadelphia, the Nurses' Directory in connection with the College of

Physicians is occasionally able to furnish a graduate nurse at fifteen dollars a week, but very few nurses will take such cases, and always do so under protest. This directory also furnishes attendants at varying prices, some of whom give very good service. One or two of our private directories will sometimes furnish a nurse at a reduced rate, but we cannot depend upon this as a source of supply. The Woman's Hospital sends out a few senior pupils at twelve dollars a week. The Young Women's Christian Association has a list of attendants and nurses that can be had at from five dollars to fifteen dollars a week.

With such a meager supply of nurses to be obtained from legitimate sources, is it any wonder that correspondence and short-course schools should flourish? for they are always ready to supply an ignorant public with so-called nurses at prices to suit the demand. Lastly, we will consider the question from the nurse's point of view. In discussing this with the heads of directories, we are told that the majority of nurses refuse to reduce their prices for the reason that they consider that it lowers the standard of nursing. Many frankly say that they can be employed most of the time at the usual charge and they prefer to rest rather than go for less.

Some think that if they once lower their prices they will be constantly called upon for such cases and will lose much of their more lucrative work. Another view of the matter, which is a very just one, is that it is not possible to learn the family income and that people who can well afford to pay the usual charge will take advantage of any opportunity of securing a nurse at reduced rates. We have found this only too true, and many families will expect the nurse to sacrifice herself, rather than give up one of their own luxuries or pleasures. The demand for nurses among people of refinement and culture, who are unable to pay the usual charge, is great, and how best to meet this demand should be a question for every thoughtful woman in the profession to consider most seriously.

BOOK REVIEWS

A History of Nursing. By Lavinia L. Dock and M. A. Nutting. G. P. Putnam's Sons, New York.

This book, which is shortly to appear, is by a long way the most important work which has ever been contributed to the field of nursing literature. Indeed, one almost regrets that a book of so many and such varied interests should have been given a title which in a measure misleads a casual observer into thinking it a technical work dealing with hospitals, poultices, nurses and other uninteresting things. After one has read the book, however, one feels a large and growing scepticism as to whether there is anything in this wide world more interesting, more fascinating, more enthralling than the study of the history of nursing. It is a book bound to be read by every one interested in the process of human evolution. "The art of nursing" (to quote the opening words of the book), "at once the oldest of the occupations of women and the youngest branch of medical science, must have been co-existent with the first mother who performed for her little ones all those services which made it possible for them to live and thrive. The daily and hourly details of feeding, warming, and protecting them from harm, the watching by night, the rythmical swing of the cradle or bough, under the mother's eye—these maternal cares, as old or even older than the human race, laid the foundation from which our profession of nursing has developed to its structure of to-day." The first chapter tells in charming fashion of the "first aid" methods among animals. Chapter second carries us on to the primitive care of the sick, and we are introduced to our earliest ancestor, who turns out to be a very attractive and creditable member of the family. This early man with his weird superstitions, his strange religions, his curious folk lore, passes from before our gaze and we are presented with the spectacle of that ancient and marvellous civilization which existed in India thousands of years before the Christian era. Through the later, yet still most ancient pagan civilizations, the Egyptian, Assyrian, Babylonian and the Jewish. Later still the Greek and Latin. Latest the establishment of the Christian church with its female officer, the deaconess. She was ordained by the bishop, and in these early days of the church "her duties were both clerical and secular." "She was the first parish worker, friendly visitor and district nurse, and from her day the work of visiting

nursing has never been unknown." Out of the constitution of the Christian church, which held all things in common, grew a systematic care of the sick, who were brought into the homes of the clergy to be cared for. The rooms set apart for the sick came to be called "Diakonias," and these "home hospitals" were the beginnings of the hospital as we now know it. From this date the history of nursing can be traced without interruption to the present day. How interesting its course can only be appreciated by following the writers of the present volume. The story is set with the names of the world's aristocracy, saints and heroes. The development of the history of nursing is so closely connected with the great events of the history of the world that the story carries us through some of the most stirring scenes of modern and ancient times; the military nursing orders and the Crusades to the Holy Land. The French nuns and the settlement of the French in Canada, and last and to us most momentous the Crimean war and Miss Nightingale. Or again there are in times of peace those wonderful souls who, like St. Elizabeth of Hungary, St. Vincent de Paul, St. Francis of Assisi, Mademoiselle Mance and the Fliedners, Friederike, Theodor and Caroline, carried on the work of organizing and training. History repeats itself continually, and again and again we find a small body of mean men arraying themselves against a great movement, or standing to one side, making a sort of negative resistance, as the bulk of the medical profession in London did in their attitude to the movement to establish the Nightingale School for Nurses. Again throughout the masculine mind in all ages there has been a sort of periodic outbreak of panic for fear women, especially nurses, are being taught too much. It is reassuring to note how little effect these annoying disturbances leave on the great face of things. Miss Dock and Miss Nutting have done a most stupendous task in giving the present work to the public. Both writers possess reputations which require no recommendations; reputations from which we are led to expect great things, and truly no disappointment awaits the reader. The book appeals to all sorts and conditions of men and especially women. The illustrations are an especial feature. For these many old French and Italian libraries have been ransacked with gratifying results. The bibliography is copious and tells a tale of the time and pains spent in the collection of data for the book.

Apart from the vividly interesting subject, and the fascinating narrative, constantly recurring, is the inspiration which is sure to come to the thoughtful reader, of the possibilities for education which may be found in the nursing profession. No writer graduate of any of the women's colleges to-day has offered to the public any book which approaches this

one in interest or value. We are only too apt to pity ourselves as being in a way less favored than our sisters who have perhaps adopted brighter and pleasanter paths in life. The nurse who reads the History of Nursing will find herself allied to so great and splendid a body that she stands in danger of becoming unduly puffed up with the glory of her connection. The book appears in two volumes, only the first of which has been briefly and inadequately outlined in the present review. The second volume deals with the history of modern nursing, or of nursing since the reforms instituted by Miss Nightingale's school. This will include the history of nursing in America and elsewhere since that time, and will be reviewed later.



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Baltimore City Hospital, Baltimore..... { Secretary, Miss E. ADELE BOND, 200 East Lafayette Avenue, Baltimore.

Delegate.....MISS MARTHA HARTMAN.

Bellevue Hospital, New York..... { Secretary, Miss ANNIE RHODES, 207 West 74th Street, New York.

Delegates.....MISS JENNIE E. NASH, MISS LIDA PERKINS, MISS MARIA KELLAM, MISS ANNIE RHODES, MISS MARY A. READING.

Boston and Massachusetts General, Boston. { Secretary, Miss AGNES E. AIKMAN, 24 McLean Street, Boston.

Delegates.....MISS EMMA M. ANDERSON, MISS GRACE B. BEATTIE, MISS ANNIE H. SMITH.

Boston City Hospital, Boston..... { Secretary, Miss ELIZABETH C. FAIRBANK, 2150 Dorchester Avenue, Dorchester.

Delegates.....MISS JULIA REED, MISS EMMA M. NICHOLS.

Brooklyn Homeopathic Hospital, Brooklyn. { Secretary, Miss MARTHA VAN DEUSEN, 200 Ryerson Street, Brooklyn.

No delegate.

Brooklyn Hospital, Brooklyn..... { Secretary, Mrs. ALICE DE ZOUCHE, 66 Montague Street, Brooklyn.

Delegates.....MISS KATE MADDEN, MISS MARGARET L. SWEENEY.

Buffalo General Hospital, Buffalo..... { Secretary, Miss ANNA LOVELAND, 100 High Street, Buffalo, N. Y.

Delegate.....MISS CLARE DECERE.

Chicago Baptist Hospital, Chicago..... { Secretary, Miss ELEANOR JESTER, 3156 South Park Avenue, Chicago.

No delegate.

Children's Hospital, Boston..... { Secretary, Mrs. E. J. LEAVITT, 76 Columbia Street, Maplewood, Mass.

No delegate.

Children's Hospital, San Francisco..... { Secretary, Miss ADELE M. BOYE, 3700 California Street, San Francisco.

Delegate.....MISS MARY L. SWEENEY.

Church Home and Infirmary, Baltimore... { Secretary, Miss OLIVIA C. DAWSON, 1331 Bolton Street, Baltimore.

Delegate.....MISS KATHARINE B. MALLALIEN.

City and County Hospital, Denver..... Secretary, Miss FLORENCE SMITHWICK, 1430 Glenarm Place, Denver.

Delegate.....MISS LOUIE CROFT BOYD.

City and County Hospital, St. Paul..... Secretary, Miss ALMA THEOBALD, 411 Ashland Avenue, St. Paul.

No delegate.

City Hospital, Minneapolis..... Secretary, Miss LUCY E. HALBERT, 209 12 Street, South, Minneapolis.

Delegate.....MISS ETTA JAMIESON.

Columbia and Children's Hospital, Washington ..... Secretary, Miss FREDERICA BRAUN, 2001 I Street, Washington, D. C.

Delegate.....MISS ELIZABETH HEWITT.

Connecticut Training-school, New Haven.. Secretary, Mrs. ISABELLA A. WILCOX, Pine Meadow, Connecticut.

Delegate.....MISS LILY KANELY.

Erie County Hospital, Buffalo..... Secretary, Miss ELLEN MULLETT, 47 Welmont Place, Buffalo.

No delegate.

Farrand Training-School, Detroit..... Secretary, Miss MARY E. HOOVER, 15 Brainerd Street, Detroit.

Delegates.....MISS ANNA E. BETTYS, MISS MELISSA COLLINS.

Faxton Hospital, Utica..... Secretary, Miss RUTH A. YALE, Deansboro, Oneida, N. Y.

Delegate.....MISS HELEN CAMERON.

Freedmen's Hospital, Washington..... Secretary, Miss M. A. THOMAS, 1636 O Street, N. W., Washington.

Delegate.....MISS M. E. CABANISS.

Garfield Memorial Hospital, Washington... Secretary, Miss Mary C. Kell, The Portner, Washington, D. C.

Delegate.....MISS HELEN W. GARDNER.

German Hospital, Brooklyn..... Secretary, Miss MAY SMITH, 255 Lafayette Avenue, Brooklyn.

No delegate.

German Hospital, New York..... Secretary, Mrs. C. RUSS, 532 East 86th Street, New York.

Delegate.....MISS IDA HOFFMAN.

Germantown Dispensary and Hospital, Philadelphia ..... Secretary, Miss ALICE V. AHERUE, 6319 Baynton Street, Philadelphia.

Delegate.....MISS ALICE V. AHERUE.

Grace Hospital, Detroit..... Secretary, Miss RACHEL MULHERON, 129 Josephine Avenue, Detroit.

Delegate.....MISS FRANCES L. DRAKE.

Grant Hospital, Columbus..... Secretary, Mrs. E. G. BAYLER, 120 S. Grant Avenue, Columbus.

Delegate..... MISS ALICE C. McARDLE.

Hahnemann Hospital, Chicago..... Secretary, Miss NITA WOMACKS, 2814 Groveland Avenue, Chicago.

Delegate.....MISS F. C. LIVINGSTONE.

Hahnemann Hospital, Philadelphia..... Secretary,Mrs. M. R. FARLEY, 5551 Lansdowne Avenue, Philadelphia.

No delegate.

Hartford Hospital, Hartford..... Secretary, Miss C. N. PAGE, 29 Buckingham Street, Hartford.
Delegates.....MISS JANE WHEELER, MISS ALICE MAC CORMAC.

Hope Hospital, Ft. Wayne..... Secretary, Mrs. MARTHA S. ELLIOTT, Hope Hospital, Fort Wayne.
Delegate.....MISS ELIZABETH WILKINSON.

Hospital of the Good Samaritan, Los Angeles..... Secretary Miss EVA MATTHEWS, 934 West Seventh Street, Los Angeles.
Delegate.....MISS ISABELLE R. DARLING.

Hospital of the Good Shepherd, Syracuse.. Secretary, Miss ARVILLA E. EVERINGHAM, County Hospital, Syracuse.
Delegate.....MISS ARVILLA E. EVERINGHAM.

House of Mercy, Pittsfield..... Secretary, Miss EDITH M. SAFFORD, House of Mercy Hospital, Pittsfield.
Delegate.....MISS ELIZABETH A. WILLIAMS.

Illinois Training-School, Chicago..... Secretary, Miss ELIZA C. GLENN, Passavant Hospital, Chicago.
Delegates.....MISS MINNIE AHRENS, MISS MARY C. WHEELER, MRS. HARRIET HIGBEE, MISS HELEN S. HAY, MISS ISABEL McISAAC, MISS KATHARINE DE WITT.

Indianapolis City Hospital, Indianapolis.. Secretary, Mrs. ANNA D. HAZELRIGG, 335 West 20th Street, Indianapolis.
Delegate.....MISS MARY B. SOLLERS.

Jefferson Medical College Hospital, Philadelphia..... Secretary, Miss OLIVE E. MOCUMBER, Jefferson Hospital, Philadelphia.
No delegate.

Jewish Hospital, Cincinnati..... Secretary, Miss TYRWHITT.
No delegate.

Jewish Hospital, Philadelphia..... Secretary, Mrs. WALTER F. PULLINGER, 2148 Nedro Street, Germantown.
Delegate.....MISS E. M. HEMING.

John N. Norton Memorial Infirmary, Louisville..... Secretary, Miss MARION DOWNES, 223 East College Street, Louisville.
Delegate.....MISS ANNIE E. RECE.

Johns Hopkins Hospital, Baltimore..... Secretary, Miss CHRISTINA M. DICK, 625 West Franklin Street, Baltimore.
Delegates.....MISS S. H. CABANISS MISS M. E. LENT, MISS C. M. DICK, MISS M. O'GRADY, MISS E. BAECHTEE.

King's County Hospital, Brooklyn..... Secretary, Miss ROBERTA E. GEGG, King's County Hospital, Brooklyn.
Delegate.....MISS BEATRICE PAGE.

Lakeside Hospital, Cleveland..... Secretary, Miss HELEN I. McROBERTS, Lakeside Hospital, Cleveland.
Delegate.....MISS RHODA A. PATTERSON.

Lane Hospital, San Francisco..... Secretary, Mrs. A. S. HOHMAN, 2918 Van Ness Avenue, San Francisco.
No delegate.

Lebanon Hospital, New York..... Secretary, Miss MARIE SCHMIDLING, 107 East 86th Street, New York.
No delegate.

Long Island College Hospital, Brooklyn... Secretary, Miss JESSIE E. WILEY, 128 Pacific Street, Brooklyn.
Delegate.....MISS MATILDA DECKER.

Maine General Hospital, Portland..... Secretary, Miss EDITH L. SOULE, South Portland.
Delegate.....MISS GRACE B. HASKELL.

Maryland General Hospital, Baltimore.... Secretary, Miss R. M. COALE, 1811 Park Avenue, Baltimore.
Delegate.....MISS ALICE M. WOODWARD.

Maryland Homeopathic Hospital, Baltimore Secretary, Miss LILLIAN KOHLMAN, 1011 Arlington Avenue, Baltimore.
Delegate.....MISS ANNE CREWS.

Massachusetts Homeopathic Hospital, Boston ..... Secretary, Miss CARLOTTA A. MARSHALL, Vose Hall, Stoughton St., Boston.
Delegate.....MRS. ALICE H. FLASH.

Massachusetts State Hospital, Tewksbury. Secretary, Miss M. ALICE MORRILL, 223 Newbury Street, Boston.
No delegate.

Medico-Chirurgical Hospital, Philadelphia.. Secretary, Mrs. PHAON J. REX, Ambler, Pa.
Delegates.....MRS. JOHN W. RITTER, MRS. JOHN L. MOYER.

Methodist Episcopal Hospital, Brooklyn... Secretary, Miss STELLA R. KENNY. 43 Seventh Avenue, Brooklyn.
Delegate.....MISS MARGARET CULBERT.

Methodist Episcopal Hospital, Philadelphia Secretary, Miss ROSALIE FERREE, 4104 Girard Avenue, Philadelphia.
Delegate.....MISS L. EDITH WETHERILL.

Metropolitan Hospital, New York..... Secretary, Miss H. D. BENGSTON, Metropolitan Hospital, Blackwell's Island, New York.
No delegate.

Mercy Hospital, Chicago..... Secretary, Mrs. E. TUITE HOLMBERG.
No delegate.

Michael Reese Hospital, Chicago..... Secretary, Miss E. DEAN SMITH, 6504 Jackson Avenue, Chicago, Ill.
Delegate.....MRS. W. E. BACHE.

Mount Sinai Hospital, New York..... Secretary, Miss BERTHA KRUER, 630 Park Avenue, New York.
Delegates.....MISS J. GREENTHAL, MISS E. MALLORY, MISS B. KRUER.

National Homeopathic Hospital, Washington ..... Secretary, Miss NETTIE M. HARVEY, 24 The Plymouth, Washington, D. C.
Delegate.....MISS MYRA L. DRAKE.

New England Hospital, Roxbury..... Secretary, Miss D. HODGINS, 13 Dimock Street, Roxbury.
Delegate.....MISS ISABELLA R. HALL.

Newport Hospital, Newport..... Secretary, Miss MARGARET McLEAN, St. George's School, Newport.
No delegate.

Newton Hospital, Newton Lower Falls.... Secretary, Miss BERTHA ALLEN. Newton Hospital, Newton Lower Falls.
Delegate.....MISS EMMA G. MELLICK.

New York City Hospital, New York..... Secretary, Miss H. GRACE FRANKLIN, 408 W. 57th Street, New York.
Delegates.....MISS IRENE B. YOKUM, MRS. W. B. MITCHELL, MISS F. L. CROFT, MISS E. E. GILMOUR, MISS J. AMANDA SILVER.

New York Hospital, New York..... Secretary, Miss ADA B. STEWART, 414 East 14th Street, New York.
Delegates.....MRS. C. V. TWISS, MISS E. E. GOLDING, MISS E. O. PRICE.

New York Post Graduate Hospital, New York ..... { Secretary, Miss GERTRUDE E. SELDEN, 131 West 143d Street, New York.

Delegate.....MISS SARAH J. GRAHAM.

North Adams Hospital, North Adams..... { Secretary, Miss ANNIE MOSSIP, 25 Arnold Place, North Adams.

Delegate.....MISS ELIZABETH BOWEN.

Northwestern Hospital, Minneapolis..... { Secretary, Miss BERTHA E. MERRILL, 1919 Fifth Avenue S. Minneapolis.

Delegate.....MISS ELIZABETH STEVENS.

Old Dominion Hospital, Richmond..... { Secretary, Miss ELIZABETH R. P. COCKE, Box 22, Bon Air, Virginia.

Delegate.....MISS ANNE GULLEY.

Orange Training-School, Orange..... { Secretary, Miss JULIA BRONIS, 24 Valley Street, Orange.

Delegates.....MISS MARTHA CLARK, MISS BEATRICE M. DRUGE.

Pasadena Hospital, Pasadena..... { Secretary, Miss EMOGENE E. ROOD, 122 Worcester Avenue, Pasadena.

No delegate.

Paterson General Hospital, Paterson..... { Secretary, Miss A. E. BASTEDO, 711 East 18 Street, Paterson.

No delegate.

Pennsylvania Hospital, Philadelphia..... { Secretary, Miss EMMA C. LINGBERG, Pennsylvania Hospital, Philadelphia.

Delegates.....MISS MARGARET GORDON, MISS BEULAH E. COPE.

Philadelphia Hospital, Philadelphia..... { Secretary, Miss M. L. VAN THUYNE, 425 Vine Street, Philadelphia.

Delegates.....MISS ANNA M. RINDLAUB, MISS M. L. VAN THUYNE, MRS. SARAH M. WARMUTH.

Polyclinic Hospital, Philadelphia..... { Secretary, Miss KATHARINE WOOD, Polyclinic Hospital, Philadelphia.

Delegate.....MISS MARGARET B. LEARING.

Pittsburg Homeopathic Hospital, Pittsburg. { Secretary, Miss WILHELMINA DUNCAN, 43 Federal Street, Pittsburg.

Delegates.....MISS WILHELMINA DUNCAN, MISS IDA F. GILES.

Presbyterian Hospital, New York..... { Secretary, Mrs. ALFRED TROTTER, 8 West 105 Street, New York.

Delegates.....MISS EDITH M. AMBROSE, MISS J. W. NEWHART.

Presbyterian Hospital, Philadelphia..... { Secretary, Miss FLORENCE LONGENECKER, 57 North 39th Street, West Philadelphia.

Delegates.....MISS JENNIE MANLY, MISS HULDAH RANDALL, MISS LILLIE M. MINING.

Protestant Episcopal Hospital, Philadelphia ..... { Secretary, Miss ROSALIE FERREE, 4104 Girard Avenue, Philalelphia.

Delegates.....MISS M. GRACE BRICKER, MISS ANNA C. NEDWILL, MRS. NELLIE F. CROSSLAND.

Providence Hospital, Washington..... { Secretary, Miss BESSIE BAYLY, 940 P Street, N. W., Washington, D. C.

Delegate.....MISS SALINA V. WOLFE.

Provident Hospital, Chicago..... { Secretary, Miss FANNY C. BOLING, 4810 Langley Avenue, Chicago.

No delegate.

Reading Hospital, Reading.....{Secretary, Miss EDNA M. HAIN, 105 South 4th Street, Reading.

Delegate.....MISS CONSTANCE V. CURTIS.

Rhode Island Hospital, Providence.....{Secretary, Miss MARIETTA C. GARDNER, 97 Angell Street, Providence.

Delegates.....MISS WINIFRED L. FITZPATRICK, MISS SARAH C. BARRY.

Rochester City Hispital, Rochester.....{Secretary, Miss SOPHIA PARNELL, 244 Kenwood Avenue, Rochester.

Delegate.....MISS PHOEBE WITMER.

Rochester Homeopathic Hospital, Rochester{Secretary, Miss ANNA FEGAN, 224 Alexander Street, Rochester.

Delegate.....MISS ELIZABETH WEBER.

Roosevelt Hospital, New York.....{Secretary, Miss ESTELLE MINER, Roosevelt Hospital, New York.

Delegate.....MISS ELIZABETH C. BURGESS.

Salem Hospital, Salem.....{Secretary, Miss MARION P. MANAGUE, 6 Cedar Street, Salem.

Delegate.....MISS MARION P. MANAGUE.

St. Barnabas Hospital, Minneapolis.....{Secretary, Miss ELEANOR HAMILTON, St. Barnabas Hospital, Minneapolis.

Delegate.....MISS BERTHA ERDMANN.

St. Joseph's Hospital, Chicago.....{Secretary, Miss SUSAN CROWE, 4757 St. Lawrence Avenue, Chicago.

No delegate.

St. Joseph's Hospital, Paterson.....{Secretary, Miss KATHERINE PINSONNAULT, 711 East 18th Street, Paterson.

No delegate.

St. Joseph's Hospital, Philadelphia.....{Secretary, Mrs. M. R. NAILL, Ashbourne, Pa.

Delegate.....MISS ELIZABETH G. ALBERT.

St. Louis Training-School, St. Louis.....{Secretary, Miss FRANCES P. MOORE, 1224 Dillon Street, St. Louis.

Delegates.....MISS MABEL C. LONG, MISS SARAH E. WHELPTON.

St. Luke's Hospital, Chicago.....{Secretary, Mrs. H. D. PETERSON, 1800 Michigan Avenue, Chicago.

Delegates.....MISS ADDA ELDREDGE, MISS M. R. BROWNE, MISS LILLIAN REIN.

St. Luke's Hospital, New Bedford.....{Secretary, Miss EDITH T. MEATES, 321 Union Street, New Bedford.

Delegate.....MISS JESSIE L. MARRINER.

St. Lukes Hospital, New York.....{Secretary, Miss M. LOUISE DEWILDE, 86 Park Avenue, New York.

Delegates.....MISS MAY FARR, MISS SOPHIA C. HOOVER, MISS MARY K. SMITH.

St. Luke's Hospital, San Francisco.....{Secretary, Miss ALICE PROVENCE, 4 Steiner Street, San Francisco.

No delegate.

St. Luke's Hospital, South Bethlehem....{Secretary, Mrs. H. THRELKELD EDWARDS, Fourth Street, South Bethlehem.

Delegate.....MISS EULA L. PASCHALL.

St. Luke's Hospital, St. Louis..... Secretary, Miss ANNA C. LOVE, 506 LAKE AVENUE, St. Louis.
Delegate.....MISS CHARLOTTE B. FORRESTER.

St. Luke's Hospital, St. Paul..... Secretary, Miss MARY WOOD, 609 Baltimore Block, St. Paul.
Delegate.....MISS E. W. FORBES.

St. Mary's Hospital, Brooklyn..... Secretary, Miss E. I. KIVLON.
Delegate.....MISS D. McDONALD.

St. Mary's Hospital, Detroit..... Secretary, Miss EDNA MARTIN, St. Mary's Hospital, Detroit.
No delegate.

S. R. Smith Infirmary, New Brighton, Staten Island ..... Secretary, Miss CLARA A. McDONALD, 5 New Street, Port Richmond, Staten Island.
Delegate.....MISS CLARA A. McDONALD.

State Hospital of the Northern Anthracite Coal Region of Pennsylvania, Scranton ..... Secretary, Miss HARRIET B. GIBSON, State Hospital, Scranton,
No delegate.

Toledo Hospital, Toledo ..... Secretary, Miss MEDORA L. COTTON, 1937 Franklin Avenue, Toledo.
Delegate.....MISS JENNIE JORDAN.

Union Benevolent Association Hospital, Grand Rapids ..... Secretary, Miss EDITH GEIGG, 50 State Street, Grand Rapids.
No delegate.

Union Protestant Infirmary, Baltimore.... Secretary, Miss MARGARETTA A. GROSS, Union Protestant Infirmary, Baltimore.
Delegate.....MISS ISABEL BRACKENRIDGE.

University of Maryland Hospital, Baltimore Secretary, Miss E. SOPHIA FEATHERSTONE, 1202 Mt. Royal Avenue, Baltimore.
Delegates.....MISS N. J. LACKLAND, MISS E. B. GRAY.

University of Michigan Hospital, Ann Arbor ..... Secretary, Miss BESSIE C. ABBOTT, University Hospital, Ann Arbor.
No delegate.

University Hospital, Kansas City..... Secretary, Miss EVA ROSEBERRY, 923 East 9th Street, Kansas City.
No delegate.

University of Pennsylvania Hospital, Philadelphia ..... Secretary, Miss JENNIE E. ENGLISH, 800 North 41st Street, Philadelphia.
Delegates.....MISS KATHARINE DAMM, MISS E. JENNIE ENGLISH, MISS KATHARINE BRENNAN.

Virginia Hospital, Richmond..... Secretary, Miss HENRIETTA BROGDON, 712 West Franklin Street, Richmond.
Delegate.....MRS. W. LOUNDES PEPLE.

Wesley Hospital, Chicago..... Secretary, Miss ETHEL F. JARDINE, Wesley Hospital, Chicago.
Delegate.....MISS HARRIET NILES.

Western Pennsylvania Hospital, Pittsburg. Secretary, Miss ELIZABETH B. REID, Western Pennsylvania Hospital, Pittsburg.
Delegates.....MISS MARY J. WEIR, MISS LEIGH THOMPSON.

West Side Hospital, Chicago..... Secretary, Miss EDNA L. DAWES, 81 Beach Avenue, Chicago.
Delegate.....MISS FLORENCE C. MACKENZIE.

Wilkes Barre City Hospital, Wilkes Barre. { Secretary, Mrs. W. S. MELLICK, North Main Street, Wilkes Barre

Delegate.....MISS CLARA H. LEGHORN.

Williamsport Hospital, Williamsport..... { Secretary, Miss R. ELIZABETH SWEELY, 436 Edwin Street, Williamsport.

No delegate.

Worcester City Hospital, Worcester..... { Secretary, Miss ADA F. WOOD. 810 Main Street, Worcester.

Delegate.....MISS ELIZABETH COREY.

Weldeck Hospital, San Francisco..... { Secretary, MARY A. GALLAGHER, St. Luke's Hospital, San Francisco.

No delegate.

LIST OF STATE ASSOCIATIONS HAVING AFFILIATION WITH THE ASSOCIATED ALUMNÆ, TOGETHER WITH DELEGATES REGISTERED.

[The addresses of secretaries of State Associations will be found in the regular Official Directory at the back of the magazine.]

California delegate .....MISS KATHERINE FITCH
Colorado delegate .....No official delegate
Connecticut delegate .....MRS. E. BALDWIN LOCKWOOD
District of Columbia delegate.....MISS BERTHA O. SMITH
Illinois delegate .....MISS ADDA ELDREDGE
Indiana delegate .....MISS EDNA HUMPHREY
Iowa delegate .....None
Kentucky delegate .....MISS NELLIE GILLETTE
Massachusetts delegate .....MISS JULIA E. REED
Maryland delegate .....MISS NETTIE L. FLANAGAN
Michigan delegate .....MISS AGNES G. DEANS
Minnesota delegate .....MISS ADAH PATTERSON
Missouri delegate .....MRS. GERTRUDE M. GIBSON
New Hampshire delegate .....MISS BLANCHE M. TRUESDELL
New York delegate .....MISS FRIDA L. HARTMAN
North Carolina delegate .....MISS M. L. WYCHE
Ohio delegate .....MISS MARY E. KERSHAW
Pennsylvania delegate .....MISS ROBERTA WEST
Rhode Island delegate .....MISS W. L. FITZPATRICK
Virginia delegate .....MISS S. N. JONES
West Virginia delegate .....MISS N. A. SIMMONS

TOTALS.

117 Alumnæ Associations,
21 State Associations,
137 Delegates,
193 Votes.

THE PROCEEDINGS OF THE TENTH ANNUAL CONVENTION

RICHMOND, VIRGINIA, MAY 14, 15 AND 16, 1907

Tuesday, May 14, 1907

Two P.M.—The president called the convention to order.

Prayer was offered by Rev. Dr. Robert W. Forsyth.

Address of Welcome by Hon. A. J. Montague, ex-Governor of Virginia:

MADAM PRESIDENT AND LADIES: I have been commanded by the committee on arrangements of the nurses of this State to speak a word of welcome to this National Association. It is a very difficult thing to do. I am quite sure that your welcome has already been realized at the hands and from the hearts of the resident nurses of this Commonwealth. I imagine that I was asked to convey this expression to you because it was thought in some way that I had a very concrete conviction as to the merits and importance of the profession of nursing, not only of America, but of the world. I think one cannot read of the progress of medicine in the last century, especially in the last half century, unless he concurs with me in the conviction that perhaps of all the contributions for the benefit of mankind, medicine has given us no greater than the handmaid or adjunct of the doctor, the trained professional nurse of this day I beg that I may read a statement by Dr. Osler. I had occasion to use once an article of his upon the subject of the progress of medicine, and in it I recall this, which I made a note of just before coming into this presence:

> "The physician, in the trained nurse, has an assistant who carries out his directions with watchful care and who is on the lookout for danger signals, and enables him to estimate the progress of a critical case from hour to hour. The intelligent, devoted women who have adopted the profession of nurse are not only in their ministrations of public benefit, but they lighten the anxieties which in large part form the load of the busy doctor."

That is the testimony of the Doctor. Mine would be, if you please, that they lighten not only the anxieties, but the distresses which form so large a part of the ills of the patients in the world.

I think the convention of Geneva, in 1863, which the United States, by reason of war, was not able to participate in, in full, gave the guaran-

tee to the Red Cross nurse; and now there is no civilized country but realizes the utility, efficiency and humanity of that great organization; and perhaps the growth and efficiency of the organization is due more largely to the training of nurses than to anything else; in fact, without that the organization must soon go to pieces. Therefore, ladies, it is in no insincere but imperfect way that I make this welcome. We are very glad to have you in Virginia. We think, in our provincialism, that this is a good place to come to, even if it is sometimes a good place to go from.

Virginia may be divided in opinion with some states of the union, but we have never been divided in affection for the states of the union. So this oldest American Commonwealth, which has witnessed so much that has gone on since we began the foundation of our system of civilization, we think is a very good place for you to come back to, and help us realize the great progress we have made in the world. I repeat, if you please, that we cannot so well say welcome, as we can do the welcoming; in other words, hospitality is not so much a matter of speech as a matter of deeds. I feel quite sure that you have been made to feel at home.

I hope your deliberations will be profitable; I am sure they will be harmonious. You do not disturb your patients, and I do not see why you should disturb one another. You have an allaying, mollifying effect upon them, and I do not see why the science of your profession cannot be carried into your deliberations. I say this, however, with no anticipation that there will be anything other than harmony.

May I say one word, as desultory as my remarks may be, in conclusion. Nursing has as much to do, I think, with the curing of disease, as medicine, and there are no nurses in the world except women. None of us who remember our mothers, and none of us who are under the dominion of our wives, can say otherwise, or would say otherwise. It is not the glove, but the hand that gives the comfort. It is not only the hand, but the spirit back of the hand; it is the genius of woman, which brings into the sick-room that which the tossing patient longs for, and those of us who have had concrete sense of her ministrations, as I myself have had, cannot only welcome this Association to this state, but can wish it well the world over. You have come into life in our day, not only as a great profession, if you please, but a great institution.

I hope your stay will be pleasant, and I hope that the nurses of this state may be able to make you feel far more welcome than I can, but not more welcome than I wish that I could.

THE PRESIDENT.—We feel ourselves indeed a National Association when we can claim twenty-one states in our organization and almost twelve thousand members, and we feel that the responses to the address of welcome should be

given by representatives from different parts of the country. I have the pleasure of calling first upon Miss Sophia F. Palmer, of Rochester, New York, who began her career as a nurse in Massachusetts, but who is now claimed by New York, in whom we all feel interested as the editor of our National Journal.

RESPONSE TO ADDRESS OF WELCOME

By MISS SOPHIA F. PALMER

Madam President, Ex-Governor Montague, and Ladies: There has never been a time in the history of our profession when it has been so necessary for us as individuals to stand solidly together for those essential principles which we believe are right and just for our development in the future as to-day. We naturally at this time turn back to the history of this Commonwealth of Virginia, and the colonial history of the whole country, and it seems to me that we, in our profession, have passed through our pioneer period. Perhaps, like the colonists of three hundred years ago, we have been sustained under new and hard conditions by the inspiration and enthusiasm which has always been the telling force in any great movement. Like the Virginia colonists, and the Massachusetts colonists, we may disagree sometimes among ourselves on unimportant matters, but we have reached the point now when, like our colonial ancestors, we must stand solidly together for what we believe is justice for the nurses in the future, and there must be no wavering. There is no such thing as division in the nursing body. We have no north and no south, no east and no west; we stand together, and we must stand together for those plain principles which we feel are right. It is impossible to come to this locality without receiving inspiration for the work which is before us, from the atmosphere of this historic state, from its beauties, from the cordiality of the reception which is being accorded to us. We thank you, Mr. Montague, for this cordial welcome which has been extended to us by the people of Virginia, through you, as their representative.

The President.—Michigan claims our next speaker, and I have much pleasure indeed in introducing to you, Miss Sarah E. Sly, of Birmingham, Michigan, our inter-state secretary, who has agreed to respond for the middle states.

RESPONSE TO ADDRESS OF WELCOME

By MISS SARAH E. SLY
Birmingham, Michigan

Madam President and Fellow-Members: The cordial welcome which we have received since reaching this beautiful city assures us of the comfort and pleasure which you have anticipated for us. I know I voice the sentiments of every member present when I say that these gatherings mean far more to us than I can possibly express, and each time we go away inspired anew to better and better work. After our pleasant session in Detroit last year, it is most gratifying to the nurses of the middle states to come to Virginia at this time and enjoy the hospitality which only southerners know how to extend.

The President.—There was a time not very long ago when an Alumnæ Association at the Illinois Training-school represented the western borders of our constituency. Now we have several states further west affiliated, including the State of California, in which we hope to have our next meeting. Miss Helen Scott Hay will speak for that far distant state; at present Miss Hay is connected with the training-school in Chicago, but she has been long identified with the work in California. We will take much pleasure in hearing from her.

RESPONSE TO ADDRESS OF WELCOME

By MISS HELEN SCOTT HAY

Madame President, Our Guests, and the Members of the Associated Alumnæ: Though somewhat disconcerted at the sudden summons to respond for California's share in this meeting, I am sure that I am very glad of an opportunity to speak for the western nurses—the nurses of the Golden West, the west beyond the Rockies. We have no traditions in the west and little history, but we are all possessed of that indefatigibility and imperturbability that have been so conspicuous in the development of the country and in nursing affairs as well. There are few leaders of experience to direct us onward and forward, but there is a determination to make history ourselves if we are given time. So I am proud indeed to respond for the western nurses, to tell you that though, so far, you have all the traditions and all the history of the work that has been done in the east, some day we shall come forward with the work we have done, to which we have been inspired by such meetings as

this. We respond with great appreciation and deep joy to the welcome which has been accorded us by the people of Richmond and the members of the Associated Alumnæ of Virginia.

Wednesday, May 15, 1907

MORNING SESSION

Roll-call.

Report of the secretary.

MADAM PRESIDENT, MEMBERS: On Friday, June 8, 1906, at ten o'clock, a meeting of the board of directors of this Association was held at the Young Women's Christian Association, Detroit, Michigan. Miss Damer, president; Mrs. Gretter, second vice-president; Miss Davids, treasurer; Miss S. E. Sly, and Miss Nellie M. Casey, secretary, were present.

According to our by-laws, the board of directors appointed the following members to serve as an executive committee for the ensuing year: Miss Nutting, Miss Riddle, Mrs. Gretter, Miss Davids, and N. M. Casey. (The president being an ex-officio member of all committees.)

The following committees were appointed:

Arrangement Committee.—Miss Elizabeth R. Preston Cocke, chairman, to choose her associates.

Publication Committee.—Miss De Witt, chairman; with Miss Davids and Miss Casey.

Eligibility Committee.—Chairman, Miss Anna E. Brobson; with Miss Ida Palmer and Miss Reiba Thélin.

The secretary was instructed when sending out application blanks to ask for a copy of the training-school curriculum.

Program Committee.—Miss Walker, chairman; with Miss Brydon, Miss Durkee, Miss Cooke, and Miss Lillian B. Waterman.

Committee on Ways and Means for Acquiring Journal Stock.—Miss Anna J. Greenlees, chairman; with Mrs. Robb, Miss Goodrich, Miss M. A. Frederick, and Miss M. E. P. Davis.

A meeting of the executive committee was held on September 18, 1907, at the club rooms of the Bellevue Hospital Alumnæ Association, New York City, at two P.M.

There were present Miss Damer, Mrs. Gretter, Miss Davids, and N. M. Casey. Miss Walker, chairman of the program committee, was also present.

A motion was made by Mrs. Gretter, seconded by Miss Davids, that one hundred dollars be paid to the secretary as salary for the past year.

The program for the meeting to be held in Richmond was discussed. It was decided that at the next convention the services of a stenographer would be dispensed with and that responses to addresses of welcome would be made by representatives from the different sections of the country—California, middle west, the centre, and the east.

It was suggested that registration of delegates and paying of annual dues might be begun the evening previous to the first day's session and continued the following morning, that one session be devoted to state work and that section meetings night be held on district work, private work, and school work.

A question box in charge of Miss McIsaac was also decided upon. The secretary was instructed to arrange for transportation rates for delegates to the Tenth Annual Convention.

A meeting of the board of directors was held on Wednesday, February 27, 1907, at the Hotel Rittenhouse, Twenty-second and Chestnut Streets, Philadelphia. Present Miss Damer, Miss Davids, and N. M. Casey. The secretary was instructed to write to Miss Cooke, of San Francisco, California; Mrs. Hunter Robb, Cleveland, Ohio; Miss McIsaac, Miss Palmer, and Miss Riddle, to ask them to be prepared to say a few words in response to the address of welcome at Richmond, Virginia. The secretary was also instructed to have five hundred copies of each of the amendments to the by-laws printed.

The program of the coming convention was gone over, but in the absence of Miss Walker, chairman, was left for her approval.

The applications of the Alumnæ Associations of the John N. Norton Memorial Infirmary, Medico-Chirurgical Hospital of Philadelphia, and Northwestern Hospital, Minneapolis, Minnesota, were favorably endorsed, also the state associations of Connecticut and Kentucky.

On Monday evening, May 13, 1907, a meeting of the board of directors was held at the Hotel Jefferson, Richmond, Virginia, at eight-thirty P.M. Miss Damer, Mrs. Gretter, Miss Davids, Miss Sly, Miss McIsaac, and N. M. Casey, present.

Of the twenty applications for membership received from alumnæ associations, seven were favorably recommended, eleven were not approved, and two were held for further investigation. Five State Associations were endorsed.

There was some discussion regarding eligibility of permanent members, and it was decided that delegates who have attended three consecutive annual meetings, since the Philadelphia meeting, are entitled to vote so long as they remain in good standing in their organizations.

Respectfully submitted,

NELLIE M. CASEY.

THE PRESIDENT.—You know we have had permanent members always, who have been former delegates to our conventions, and at the meeting at Philadelphia we thought it was only fair that the permanent members who had been attending regularly and showing an interest in the Association's work, should have more of a voice in the discussion, and should be entitled to a vote. Those delegates who are permanent members are now entitled to vote at this convention, and may receive their permanent membership cards and badges from the treasurer, which entitle them to vote as long as they are members in good standing in their local organizations. If there are no objections, the secretary's report will stand approved.

REPORT OF TREASURER OF NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES
1906–1907

RECEIPTS

Balance on hand, April 30, 1906—General Fund.		$726.80
Balance on hand, April 30, 1906—Journal Fund.		75.00
Initiations		55.00
Alumnæ dues		862.70
State Association dues		70.00
Sale of reports		12.50
Subscriptions to Journal Fund:		
Graduate Nurses' Association of the District of Columbia	$100.00	
Graduate Nurses' Association of Virginia	25.00	
Orange Training-school	15.00	
The Alumnæ Associations of the University of Pennsylvania, Farrand Training-school, Brooklyn Homœopathic Hospital, Illinois Training-school, Massachusetts State Hospital, Hospital of the Good Shepherd, University of Michigan Hospital, Indiana State Association, Toledo Hospital, Kings County Hospital, Brooklyn Hospital, St. Luke's Hospital (N. Y. City), John Hopkins Hospital, National Homœopathic Hospital, Massachusetts Homœopathic Hospital, Columbia and Children's Hospital, Jewish Hospital (Philadelphia), St. Luke's Hospital (Chicago), New York Hospital, Garfield Memorial Hospital, each, $10.00	200.00	
Miss L. L. Dock	3.00	
	$343.00	
Dividend on Four Shares of THE AMERICAN JOURNAL OF NURSING Stock	12.00	
		355.00
Interest accrued on Bank balance		14.98
		$2,171.98

DISBURSEMENTS

Expense of Convention—1906		
Printing	$13.48	
Reports	55.10	
Rent of Hall	55.00	
President's Expense	31.30	
Treasurer's Expense	22.50	
Secretary's Expense	48.00	
Miss Lucy Walker—Program 1907	10.00	
		$235.38
Expense of Executive Com. 1906-1907		62.90
Nellie M. Casey—Salary as Secretary		100.00
Expense of Nominating Com. 1906-1907		3.25
Stationery, Postage and Printing		93.15
For Relief of San Francisco Nurses		300.00
For Annual Dues (2 years) American Federation of Nurses		30.00
For nine shares of AMERICAN JOURNAL OF NURSING stock:		
Four shares from Journal Fund	$400.00	
Five shares from General Fund	497.00	897.00
Cash on hand, April 30, 1907—General Fund	$420.30	
Cash on hand, April 30, 1907—Journal Fund	30.00	450.30
		$2,171.98

Examined and found correct.

BYRON HORTON,
Auditor.

May 4, 1907.

(*Continued on next page*)

(*Continued from page* 805)

RESOURCES

Cash on hand—General Fund	$420.30
" " " —Journal Fund	30.00
Fourteen Shares AMERICAN JOURNAL OF NURSING Stock	1,400.00
	$1,850.30

ANNA DAVIDS, R. N., Treasurer.

Those associations contributing more than $10 each to the Journal Purchase Fund have been:

Graduate Nurses of Virginia	$25.00
Orange Training-school Alumnæ Association	15.00
Graduate Nurses of District of Columbia	100.00

The contributions from the Jewish Hospital Alumnæ Association, Philadelphia; Kings County Alumnæ Association, and Garfield Memorial Alumnæ Association, are their second; these associations having contributed like amounts last year.

The report of the treasurer was accepted.

THE PRESIDENT.—You will remember that we appointed at our last meeting an Inter-state Secretary to take charge of the state work and bring it into co-ordination, and be of help to the different state societies that are organizing.

Miss Sly's report will give you the result of her year's work. She also has much literature on the subject of State Registration, which I am sure will be of help to many delegates.

REPORT OF THE INTER-STATE SECRETARY

Reports from affiliated associations are as follows:

1. The California State Nurses' Association which was organized in 1903 has been active, and has accomplished much considering the depressing circumstances under which they have worked during the past year.

In 1904 the *Nurses Journal of the Pacific Coast* was published as a quarterly under the auspices of the California State Nurses' Association. In 1905, the Association assumed entire control and each member was then entitled to the *Journal* which is supported entirely from annual dues and advertisements.

The year 1905 was devoted almost entirely to work on the Bill for State Registration, which was vetoed by the Governor in 1906 on the grounds that it was unwise to establish another commission.

During the same session of the Legislature, another Bill was drafted and passed successfully. The administration of the law (which was accepted reluctantly) was placed in the hands of the Regents of the University of California. No action having been taken by the Regents a working plan was submitted by the Association in April, 1906. This plan provided for the administration of the law to be left to a committee of seven of which two were to be physicians from the staff of the University of California and five nurses from which an inspector of training-schools would be appointed.

Before any definite steps had been taken the terrible disaster occurred. The outlook at the present time, however, is very much brighter and it is hoped that the law will soon be enforced.

Miss Genevieve Cooke, editor of *The Pacific Coast Journal,* has been especially active in securing the hearty coöperation of the nurses of the coast in the interests of the nursing profession and the *Journal.*

Colorado.—Through the efforts of the Denver Trained Nurses' Association, the Colorado State Trained Nurses' Association was organized in 1904. To Miss Louie Croft Boyd is due the credit of having successfully engineered the legislative work and of having secured the passage of their Bill in April, 1905.

The following amendments became a law on January 14, 1907:

1st:—That the majority of the nurses of Colorado being already registered, every six months was considered often enough for the board of nurse examiners to meet.

2nd:—That the time for registration without examination be extended to April, 1909, to benefit those who are now in training in Colorado rather than those who are already in the field.

3rd:—That all nurses who had served in the army or navy of the United States, and having been honorably discharged, are entitled to register without examination.

The Association has just become affiliated with the Colorado State Federation of Women's Clubs. Five hundred and fifty-seven nurses have registered in Colorado while the State Association membership is only eighty-seven, but strong appeals have been and are being made to the nurses of the state to further the work of the organization. A code of ethics has been adopted and it would be well if other State Associations would follow. The fact that women have the ballot in Colorado is a great factor in their success in securing legislative enactments.

Connecticut.—The Graduate Nurses' Association of Connecticut which was organized in 1904 has a membership of two hundred and seventy.

The first year was largely given up to preparation for the legislative work and a Bill for state registration became a law in May, 1905, with very little opposition.

The board of examiners consists of five graduate nurses who have had at least eight years' experience and who are residents of Connecticut.

Four hundred and thirty-seven nurses have been granted certificates of registration. Meetings are held quarterly and are well attended. The interest in all topics pertaining to the nursing profession is more general.

District of Columbia.—The Graduate Nurses' Association of the District of Columbia has enjoyed an active year with a fair addition of new members.

Two social functions of special interest were given during the past year. One hundred dollars was raised for the San Francisco nurses by means of a tea given on the lawn of the Garfield Memorial Hospital. The Association also gave a fair in the Hotel Victoria parlors. A tea room proved attractive and profitable, the net proceeds being one hundred and sixty-two dollars.

In February, 1907, one hundred dollars was presented to the Associated Alumnæ for the purchase of stock in THE AMERICAN JOURNAL OF NURSING.

The Bill for state registration which had been amended several times during the winter to meet the demands of the district commissioners, passed both Houses, was signed by President Roosevelt and became a law on February 9, 1907, to the great relief and joy of the Association.

The board of examiners will consist of five nurses, to be selected from a

list of ten names submitted by the Association and from nurses in private practice only.

On December 1, 1906, the Association opened a central registry for graduate nurses, which has been quite successful, one hundred and twenty nurses having enrolled. It is in charge of a graduate nurse and a relief nurse. The Bill is now in effect.

Indiana.—The Indiana State Nurses' Association held its fourth semi-annual meeting in Evansville on April 3 and 4.

During the year ten dollars has been pledged for the Hospital Economics Endowment Fund at Teachers College, Columbia University, and ten dollars for purchasing JOURNAL stock.

The membership is now one hundred and forty-six, and more than six hundred nurses have registered since November, 1905.

The first attempt to change the Indiana bill was an amendment presented at the instigation of the Lutheran Hospital of Fort Wayne, and which became a law on April 15. The amendment provides for the equivalent of a common school education instead of a high school requirement.

The Board of Examiners has been especially energetic in having appointed an inspector (from their own number) who has visited every hospital and sanitarium in the state.

A uniform curriculum for the training-schools of Indiana has been prepared by the state board and went into effect January 1, 1907.

Illinois.—If patience and long-suffering are virtues, surely the splendid heroic efforts of the Illinois State Association of Graduate Nurses will be crowned with success.

Early in November of last year, after encouragement from the Illinois Federation of Women's Clubs, where that representative body of women pledged themselves to work for the Bill, preparations were made to have the third Bill ready for the 1907 Legislature. Miss Seidensticker was again honored with the chairmanship of the legislative committee. Miss Adda Eldredge has conducted a very interesting campaign in making a tour of the entire state, and lecturing to nurses, doctors and the general public on " State Registration." Arrangements for these meetings were made by the local societies, and great enthusiasm for the measure has been the result, and the nurses throughout this state have come to feel some personal responsibility in the matter.

Before arriving in Richmond, the Bill had at last received the Governor's signature, and the Illinois nurses are to be congratulated on their great victory. The Association has a membership of seven hundred.

The *Quarterly*, the official organ of the Association, has increased in size and value, every effort having been made by the editor and her staff in making it of interest to the members.

Iowa.—The Iowa State Association of Graduate Nurses which was organized in 1904 has a membership of two hundred and fifty.

Local organizations are being formed in all the cities of the state, and general interest is being manifested.

Owing to the heavy expense in connection with legislative work, the Association will not be represented at Richmond by a delegate.

Their Bill for State Registration passed the Legislature this year and will become a law, July 4, 1907.

While the law is not just what was desired, the Iowa nurses feel confident that it will have strong influence in the state and will be the means of improving educational standards in training-schools.

At two sessions of the Legislature they were unsuccessful in obtaining an independent board of examiners composed of nurses.

It is the policy of the Iowa Legislature to centralize matters in all lines. The educational institutions of the state are under one Board of Control and all, even remotely medical questions are being put under the supervision of the State Board of Health.

The Bill just passed provides an examining board of two doctors, members of the Medical Examining Board, two nurses, and the secretary of the Board of Health, the secretary taking part only in the clerical work.

In the absence of a representative at this meeting, the Iowa State Association sends cordial greetings and the assurance of sympathy and hearty coöperation in all the movements of the great nursing bodies.

Kentucky.—Through the faithful and persistent efforts of the Norton Memorial Infirmary Alumnæ Association of Louisville and the Louisville Graduate Nurses Club, the Kentucky State Association of Graduate Nurses was organized on November 28, 1906, with an initial membership of sixty-three.

True southern hospitality was extended by the Norton Infirmary to all nurses and visitors in attendance, and this organization meeting marks the era of splendid progress in Kentucky. It was my pleasure to attend this meeting and it was most gratifying to find that through the Alumnæ Association, energy and inspiration had been gained, and all that they needed was good oil for the wheels and to set them in motion.

A Bill for state registration has been prepared and is under careful consideration. Already the effect of a law for registration is being anticipated in that several training-schools have changed their curriculum to come up to the standards which will be demanded when the law is in force.

Minnesota.—The Minnesota State Graduate Nurses' Association was organized in 1905, and in the spring of 1906, work on the Bill for state registration was commenced. Their Bill, which became a law in March, 1907, passed the Senate without amendments, but two were offered by the House:—that the age limit be changed from twenty-three to twenty-one; and that a doctor be appointed on the board. These were granted by the Association with the addition of a further amendment of their own to the effect that after the first year no nurse could serve on the board of examiners except a registered nurse.

Very little public work was done by the nurses, as a lawyer had charge of the Bill, but the nurses did a great deal of quiet effective talking to secure its pasage.

Plans for the future are not very definite, but the Minnesota nurses hope to make the Association stand as an educational force in the state.

Maryland.—The Maryland State Association of Graduate Nurses has held three meetings during the past year at which various subjects relating to nursing and matters connected with the public welfare have been discussed.

A nurse to work exclusively among patients suffering with tuberculosis has been maintained by the members of the Association and has helped greatly in the education of patients and their families in the enforcement of laws regulating fumigation and other protective measures.

In order to publish a report and meet necessary expenses, the dues were raised from one to two dollars annually with an initiation fee of one dollar.

No legislation has been necessary since last year when a damaging amendment was defeated.

The question of a central registry has been well agitated, but nothing definite has been accomplished in this direction.

Massachusetts.—The Massachusetts State Nurses Association held a meeting in Salem in November and one in New Bedford in March. Both meetings were well attended and were in the interests of state registration and to bring the nurses in closer touch and sympathy with the work of the Red Cross Society.

The question of training-schools returning to a two-years' course was under discussion, the majority favoring three years. A revised Bill will not be presented to the Legislature until next year.

Missouri.—The Missouri State Nurses' Association was organized in Kansas City in October, 1906, there being present a good representation of nurses from all over the state. A Bill was drafted and introduced in the House on January 4, and passed both Houses, but the Legislature adjourned leaving the Bill still on the calendar. A strong effort was made to have the Bill considered by the Governor at a special session called for April 2, 1907, but without success.

St. Louis and Kansas City have been untiring in their efforts to secure the passage of their Bill, but will now have to wait two years before they can secure a legislative enactment.

Michigan.—The past year of the Michigan State Nurses' Association has been one of awaiting results and we are still waiting to hear from our second Bill which was introduced in the House on January 22, 1907, and which has not been reported out of the Public Health Committee to which it was referred.

Through the inspiration gained from Miss Palmer in her splendid address on "How to Pass the Bill," which was delivered at the second annual meeting held in Ann Arbor in 1906, the foundation of the legislative work was well laid. The nurses of Michigan not only reaped the benefit of Miss Palmer's years of practical experience, but her strong personality and untiring efforts in promoting higher ideals and higher educational standards has left a lasting impression on the nursing organizations of the state.

The campaign adopted in Michigan was that of establishing local legislative committees throughout the state for the purpose of reaching and interesting the public generally as to the needs of registration for nurses. The results obtained therefrom were most gratifying. We were strongly endorsed by the public generally. State Medical Societies and the leading physicians had championed the cause from the beginning, and the nurses were led to believe that they were the chief promoters of our cause. The Substitute Bill which was introduced on February 12, by Dr. L. L. Keely was quite unlooked for. This provided for the administration of the law to be under the management and control of the Michigan State Board in Medicine.

The Nurses' Bill provides for a board of examiners composed of nurses to be appointed by the Governor. Until they can have the administration of their law, the nurses of Michigan can well afford to wait for registration.

The Association became affiliated with the Michigan State Federation of Women's Clubs in 1906, and the influence of this representative body of women has been strong and far-reaching.

Through the efforts of Mrs. Caroline Bartlett Crane, of Kalamazoo, whom you will have the pleasure of hearing at this Convention, a joint committee on almshouse reform was appointed for the purpose of improving the conditions of the sick poor in the almshouses.

The report of the Michigan fund to assist in endowing a chair in Hospital Economics at Teachers College, Columbia University, will be presented by the delegate from the Association.

The Association has been called to mourn the loss of a charter member, Miss Mary E. Smith, formerly of Detroit, and a graduate of Farrand Training-school, Harper Hospital. A large part of Miss Smith's life had been devoted to promoting the best interests of the nursing profession. As chairman of the Ways and Means Committee in 1904, she drafted the original Bill for state registration, and to her belongs the well-merited praise for the active interest displayed by the nurses in everything which has meant broader educational development in the nursing organizations of the state.

New York.—The New York State Nurses' Association reports a Training-school inspector appointed by the Board of Regents. Miss Anna L. Alline is in charge of the work and will give us at this meeting a résumé of what she has accomplished.

The Board of Examiners has recommended a course of study and syllabus for all Training-schools for Nurses in the state. They have found it necessary to make the examinations more simple in order to meet the requirements of schools where nurses have already graduated, and without a knowledge of subjects now required by the board.

One hundred and twenty-five superintendents of registered schools have been asked recently to what they attribute the cause of the shortage of probationers at the present time. Eighty-four replied; sixteen think that the high school requirement is the chief reason; others think that the long hours and the three-year course has much to do with it. Two New York City training-schools have adopted the two-year course.

In the death of Miss Eva Allerton, of Rochester, in January last, New York lost one of its ablest members. Miss Allerton was one of the pioneers in registration work and as chairman of the Legislative Committee was indefatigable in her efforts to secure the passage of the New York Bill.

North Carolina.—The North Carolina State Nurses' Association secured an amendment to its Bill in March, 1907, which provides that the minimum standard of education for registration shall be the equivalent of a high-school course. Applicants must also have been graduated from a training-school connected with a general hospital or sanitarium where three years of training with a systematic course of instruction is given in the hospital.

Throughout the state there is an increased willingness on the part of recent graduates to take the examination for registration as required by the board. Registration is not compulsory, but superintendents of training-schools are instructed and anxious to have their graduates meet the requirements.

The question of a preparatory course in the State Normal School for candidates who wish to take up the nursing profession is not as yet an established fact.

Ohio.—The Ohio State Association of Graduate Nurses presented a Bill to the Legislature which met with overwhelming opposition from small private

hospitals and sanitariums. Undaunted they hold to their ideal, and believing that patience is a virtue are willing to wait rather than lower their educational standards.

They are hoping, however, that great things will be accomplished through their educational committee, of which Mrs. Robb is the chairman, in reforming the standards of the opposing training-schools, and in securing the coöperation of the small hospitals and sanitariums.

Enthusiasm is felt on all sides and a great willingness to assist in any work for the betterment of the profession.

Pennsylvania.—The Bill for State Registration has again failed in Pennsylvania owing to the unreasonable opposition from correspondence-schools and special hospitals who brought forth and distributed among the legislators an imposing letter and other literature against the Bill.

The Association has been organized four years and has a membership of twelve hundred. Aside from Registration the chief topic being agitated is how to care for the families of moderate means.

Virginia.—In Virginia considerable interest has been shown along various lines. A sick benefit fund has been established and is maintained by the State Association, the annual dues having been been increased to $2.00, one-half of which is applied to this fund.

Members are the beneficiaries, though aid is extended to other nurses in need if funds are sufficient. Local associations are meeting with favor, there being one in almost every town of any size, but nurses' clubs are yet among the things to be desired.

The tuberculosis campaign is not as general as it might be. A small sanitarium has been opened in the mountains of Virginia; Danville, Norfolk and Richmond are quite active and more interest is anticipated.

The State Board of Nurse Examiners reports steady progress. A movement has been started to provide with each certificate a washable band—with the letters "R. N." to be worn on the sleeve of the uniform when on duty.

Lists of names of registered nurses are being distributed to familiarize the public with the title and emphasize its meaning.

New Hampshire.—The Graduate Nurses' Association of New Hampshire was organized May 28, 1906. Their by-laws provide for four meetings yearly and individual membership which now numbers one hundred and fifteen out of two hundred and sixty nurses in the state.

A law for state registration has been secured. A board of examiners has been appointed and the work of fixing the minimum standard for the registration of schools has begun.

The great need of the training-schools in New Hampshire seems to be more experience in obstetrics and the care of children.

The nurses are working together harmoniously and it is hoped that before long a central preparatory school will be established.

West Virginia.—The West Virginia State Graduate Nurses' Association was organized in 1903. Great difficulty was experienced in reaching and arousing enthusiasm among the nurses in the interest of organization and registration. In the mean time their Bill failed to pass the 1904 Legislature.

Something which would not only bind the members of the Association together, but would be an outward and visible sign of the sisterhood of West

Virginia nurses was thought to be absolutely necessary. A "state pin" was devised to meet this need, a green enamel clover-leaf with a white maltese cross, and to this pretty pin the West Virginia nurses ascribe their success.

The Association has an active membership of one hundred and thirty-two, all anxious for registration and the benefits it will bring.

The second Bill received the Governor's veto as it is unconstitutional for a woman to hold office in West Virginia. An amendment was therefore necessary, and the Bill which became a law on March 6, provides for a board of examiners composed entirely of men.

Rhode Island has just become affiliated but no official report of the work of the society has been received.

The following states have associations organized, but are *not* affiliated:

New Jersey, Oregon, Louisiana, South Carolina, Washington, Texas and Nebraska.

Georgia expected to organize on May 15, 16.

In summing up the reports it is gratifying to note that of the twenty-eight states organized, twenty-one are affiliated with the Nurses' Associated Alumnæ of the United States and fifteen have secured state registration.

Bills for state registration were passed in the following order:

1903	North Carolina
	New Jersey
	New York
	Virginia
1904	Maryland
1905	Indiana
	Colorado
	Connecticut
	California
1907	District of Columbia
	West Virginia
	New Hampshire
	Iowa
	Minnesota
	Illinois

A brief résumé of the work of inter-state secretary will not only enable you to understand how necessary and useful has been this department, but how far-reaching has been its influence, even at the end of *one* year when the machinery is scarcely in good running order.

In response to an urgent demand for an exchange of state literature, and general information on all branches of state work, an appeal from state presidents and secretaries at the Detroit meeting resulted in the Associated Alumnæ establishing a Bureau of Information of which the inter-state secretary has been chairman.

Statistics have been gradually compiled regarding state organizations, and the progress of registration. The object, however, of having an inter-state secretary has not been sufficiently understood in making it as useful to the members as it will be in the future.

The response from the majority of the states has been prompt and cordial.

Correspondence has not only extended all over the United States and Canada, but inquiries have come from foreign countries.

Information has been sought largely on organization and registration and many other problems, as for instance:

Central registries, visiting nurse work, specific work for alumnæ and county organizations, Red Cross affiliation, tuberculosis campaign and various subjects relating to nursing and matters connecting with the public welfare.

Aside from printed material of all kinds furnished upon request, one hundred and thirty-eight communications have been sent out.

The great need of to-day is not only an inter-state secretary, but a state organizer sufficiently equipped to go into the field, and organize and get the work of registration started on a good *substantial* basis.

The series of articles in the AMERICAN JOURNAL on this subject will be invaluable, but every new set of workers (and even the old workers sometimes) need to be shown how to work and how to profit by the experience of other states. It is the practical application of the whole subject taken to the willing workers in every state that will not only save many defeated Bills, but will be the means of good laws on broad educational standards.

Your inter-state secretary acknowledges with gratitude the hearty coöperation of the officers of the affiliated state societies and the courtesies extended through the pages of the AMERICAN JOURNAL in furthering the work of the department.

Respectfully submitted,

SARAH E. SLY,
Inter-state Secretary.

On motion, the report was accepted.

ADDRESS OF THE PRESIDENT

By MISS DAMER

I APPROACH you, friends and members, with somewhat of diffidence in presenting what may be called my annual address. Sitting at our desks, far away from the busy world of affairs, we think very differently about our work than we do when we come in contact with the force and vitality and interest of the nursing profession. So I want to speak to you to-day very informally on one or two subjects we are talking about in our Association, and things that seem to be floating about in the corridors at this Convention. I have left my written address in my trunk, and I want to talk to you face to face about some of these problems.

This is our tenth annual meeting. We have seemed to be in touch very often with some of our great national expositions. The inspiration for this organization was given at the meeting of the superintendents, held in Chicago at the time of the World's Fair. The matter was discussed for a year or two, and in 1897 our Association was organized. I hold in my hand the report of that Convention. There were eighteen people present; a few of them came there individually, women who were interested, and some of them came as delegates from alumnæ associations.

I think at that time there were not more than thirty associations organized in the whole country. At the time of the Chicago meeting, I believe only about eighteen had been discovered; they were not known, they had to be searched out. Perhaps you would like to hear the names of those who were present at the first annual meeting, in Baltimore, 1897.

Members present: M. B. Brown, the Massachusetts General; L. L. Dock, Secretary and Chairman Constitutional Convention (Bellevue); Edith Draper, formerly of the Royal Victoria (Bellevue); Isabel Merritt, the Brooklyn City (Bellevue); Isabel McIsaac, the Illinois; Anna Maxwell, the Presbyterian, New York; Adelaide Nutting, the Johns Hopkins; Mrs. Hunter Robb, Cleveland, Ohio (Bellevue); M. A. Snively, the Toronto General (Bellevue).

Several of those members are with us at this meeting.

The delegates from alumnæ associations of training-schools for nurses were: Phebe Brown, from the Illinois; Laura Healy, from the Brooklyn City; Ella Clapp, from the New Haven; Mrs. J. R. Hawley,

from the Philadelphia; Margaret A. Mullen, from the Garfield; Helena Barnard, from the Johns Hopkins; M. W. Stevenson, from the Massachusetts General; C. Borden, from the Farrand; Lena H. Walden, from the New York.

All that was reported of the proceedings of that Convention was the adoption of the constitution and by-laws and the appointment of officers. This was our inspiration and our meeting of organization. At the meeting five years later at Buffalo, at the time of the exposition there, we took a step in advance, and branched out into the international work, affiliating ourselves with the foreign societies and taking a greater interest in the broader work of nursing. From then on we have discussed very little of our local alumnæ work; we have taken up the state organization and the national work more. Now we meet again at the time of the Jamestown Exposition for our tenth annual meeting. What is to be our inspiration and what is to be the keynote of this Convention?

Just three hundred years ago, the day before yesterday, three little ships sailed up what is now called the James River. The names of those ships were the *Discovery,* the *God-Speed,* and the *Sarah Constant;* names which are perhaps not so familiar to us as that of the *Mayflower,* which made a mistake when it was sailing for the Virginia shore and landed its passengers a good deal further north. That was in the year 1607, and a few years afterwards there were settlements all over this part of the country. In this Henrico county where Richmond now is, five years after that, long before the Pilgrims reached Plymouth Rock, there was a hospital. Bricks for that hospital came from England, and eighty good beds were also sent out from England for the patients. We do not know just where that hospital was situated, but as far as our knowledge goes, it was the first hospital established in what is now the United States of America, in the year 1612.

So it seems that Virginia was the mother, not only of commonwealths, but of hospitals. We do not know what kind of nurses they had here in those days, but we feel sure that in all probability the patients were well taken care of. I mention these things to give us a particular interest in this locality as far as we are concerned as nurses.

The name of one of those little ships has appealed to me,—the *Sarah Constant,*—and it seemed to me a good name for nurses, and in our work we might look upon that, not so much as we know it, as a material thing, but as a memory and an inspiration, as it was to the early colonists.

That little ship was probably not more than one hundred and eighty feet long; it was built very crudely as we consider now, carrying

very few passengers. The little settlement at Jamestown soon disappeared; it is said that it was because there were so few women among the settlers, and few homes were established. But the settlements grew and prospered, animated by a common spirit and purpose, and they accomplished what they undertook. Tolerance, loyalty, broad-mindedness, thoroughness in educational matters characterized them, and it is no coincidence that so many of the leaders of the Revolution came from among the descendants of these early Virginian settlers.

From the little local work of building up the homes of Jamestown, just as we began in building up the work of our alumnæ associations, they broadened out to the development of their commonwealth, they established their hospitals, and in 1619, I believe, they had made appropriations for a university.

What are we going to do about establishing a school for the training of the women who are going to be the teachers of our profession? If they began their work in those few years when they had all the difficulties of pioneers in a new country to encounter, isn't it time that we began work towards our university? We have talked about it for some time. I have a letter which I wish to read to you which may be presented here, from Miss Nutting, and one almost identical to it signed by Miss Goodrich.

BALTIMORE, May 2, 1907.

MY DEAR MISS DAMER: The subject of an endowment for the Hospital Economics course at Columbia University is a matter of so much importance that I am writing to ask if you will kindly bring it forward at the meeting of the Associated Alumnæ in May, if it is not provided for in the programme by some special paper. We have carried this along for several years through the contributions of a few nurses and with the help of outside friends, but the time has now come to make a strong general effort to make the work and the position secure and permanent. We ought to begin next year to develop the course in many ways, and we need at its head one of our very best and most highly gifted women. It would be a matter of great pride to our nurses to feel that this chair, with all the benefit to future institutions that such a foundation would imply, had been established by them, and with a body of women as large as our Associated Alumnæ it would not mean a great tax upon any one member if each Alumnæ Asssociation would make itself responsible for the collection of a certain definite sum. I believe there is scarcely a nurse in the country who would not be willing to give the results of one week's work for this important object, which is of interest to every one of them. I leave the matter in your hands, hoping that it will seem right to you to present it at the meeting at some suitable time, and feeling sure that it will receive the support of those who know best what it means and represents.

With best wishes, believe me,

Yours faithfully,

ADELAIDE NUTTING.

We will bring the matter up later in the miscellaneous business, and you will hear from the state organizations what has been done in that direction through those societies, so I will not dwell further upon it now, but I bring it to your attention as a matter of vital interest for the welfare of our training-schools and the future of our profession.

Another matter in which we have made the discovery of the need of coöperation is the Red Cross work. We have had the Red Cross association in the United States for a number of years; it was recently reorganized and put upon a better basis. The Red Cross calls upon us nurses in its work in many ways. They wish to be prepared, they wish to have the right kind of nurses in coöperation with them. They have agreed that in those states where we have state registration, they will only enlist nurses who are registered; they are willing to conform to our standards, but they ask that we endorse their work and enter our names upon a list of Red Cross nurses. It has been suggested that we ask the state associations to coöperate in this matter, to form auxiliary societies among their members, or have committees appointed, who will enroll nurses for the Red Cross work. We will call upon some speakers during the meeting who will go further into detail. Ohio is very well organized in that respect, and California has recently started an auxiliary, I think, in the state association, but I will ask some of the California delegates later to explain their plan in detail.

We also, as nurses, should be interesting ourselves more in questions of Public Health. In our schools, are the children being taught as they should be the subject of Hygiene? It was suggested last year that we ought to impress in an official way upon the educational departments of the states and cities, the necessity for more clear and practical instruction of children in anatomy and physiology, and all questions of importance concerning hygiene. None know better than we do the result of this lack of teaching, or understand better the importance of it. I think this knowledge should be brought before these people, and the children should have the right kind of instruction.

Apart from that, as we can be a telling force in the community, we should join in the discussion of all the wider and more important questions of the cities and states. The tuberculosis movement is not receiving our support as it should. The nurses have been going forward in it everywhere; they have been enrolling themselves as individuals, but we can give more impetus to the work. It is not always financial assistance that is required, but we have the knowledge, we see the results of the lack of information, and we can tell better than any one else the effect of it. I would like to see in our association a public health

committee, that would take up all of these subjects, and I hope that we will take as much time as possible for those topics, and that you will all be interested enough to discuss them fully. We must not concern ourselves too much with our own affairs; we have broader duties as women who know these things. While we are bound together to take care of the sick, taking care of the well is certainly just as important.

Another matter that seems to be pressing upon us very closely is the situation in our training-schools, because on that depends not only the welfare of the sick in our hospitals, but the future of our profession. We look back perhaps a very few years; our trained nursing work is not so very old, the discovery of that need was not so very long ago (it does not go back as far as the discovery of America). The situation was very different then from now; we had a few hospitals, training-schools were new, there were many applicants after the first few years, women who were anxious for a vocation did not find very many openings outside of their own homes. Now, all over the country, we find there is a lack of suitable applicants for training-schools. What is the reason for it? Our JOURNAL gives a great many, but they might be emphasized again. The sick have to be cared for, the number of hospitals is increasing, the public is taking a greater interest in them, and the sick people cannot be properly nursed if they do not have enough nurses in those hospitals. We may say that that question is not to be settled by the training-schools, but it is on them now that the hospital depends for the nursing of its patients. We do not believe that the work in the hospitals should be done by the raw recruits continually, the awkward squad cannot be expected to do the best work; they cannot do it! We need more qualified graduate nurses in our hospitals. Does that depend upon us, or does it depend upon the public, or does it depend upon the hospital itself? Perhaps it depends a little on all of us.

One reason why there are now so few applicants for training-schools is that where there were only one or perhaps two occupations open to women twenty-five years ago, now there are hundreds. But apart from all outside causes which lessen the number of applicants, there are certain reasons that are identified with the training-school itself; and it seems to me, as graduates of these schools, the alumnæ societies represented here, whose names imply that they are interested in the work of their alma maters, should consider these reasons, and see if some effort cannot be made by us as alumnæ societies to improve these conditions and make them more favorable for probationers.

I think the time has come for us to speak pretty plainly. Some of you may say, "these are not the conditions in our training-school."

Perhaps not; but I know they are the conditions in a great many schools. A representative of the department of public instruction in Albany, stated to the board of examiners recently that there was not a training-school in New York State worthy, educationally, of the name. Now we think we have several hundred, but he states that he does not think there is a real *training-school* in the whole United States. What we call training-schools, he calls an apprentice system. The probationers go in there, they are expected to work their way all through the course, there is very little time given them for study—that is what he meant; that they were doing little of what he called laboratory and experimental work. Sometimes they do not have time to learn even by experience. The work is hard. In the early days those of us who went into training-schools expected it as a matter of course; we looked upon it as a vocation; we sacrificed a great deal—or our friends thought we did—when we went into the training-schools, they looked upon us as if we were entering a convent, or going off to die somewhere.

The situation is very different now. Young women enter the profession of nursing the same as they do any other occupation, if they desire that work, but the conditions remain about the same as to the long hours, and the work has probably increased. The home life is better, the hospital authorities realize that nurses must not be relegated into an upper story, six or ten in a room, although it is sometimes still done. They realize in some cases that the nurse must be properly fed if she is to do her work, and still in many instances they are not waking up to the necessity of it. The nurses are called upon to do such work as no woman outside is called upon to do, and to work often for from twelve to eighteen hours a day. We have committees for the prevention of overwork of women and children all over the country, but they have not begun to consider the nurses in the training-schools yet. I think that every nurse in a training-school is working as hard as any woman is in a factory, and she is working at night too. The sick demand care in the night as well as in the day, but we should have our hours better regulated.

Now perhaps you all know that there is a wave of retroaction sweeping over the country in regard to the course in the training-schools being three years instead of two. Some years ago, it was the object of the superintendents, by increasing the course to three years, to lessen the work in the wards. The New York State Association last year sent a circular letter throughout the state and found, with perhaps one exception, that the time was being maintained in the same way, that the hours were not lessened, and the vacations were not increased. I know of one

school where, in the whole three years' course, a nurse is very happy if she gets two weeks; she has other vacations when she breaks down and is unable to work, and has to make up that time. We found that very few changes had been made in the curriculum, that very little effort had been made to give more hours for study and instruction to nurses. The hospitals have found that there is a lessening number of applicants, and some of them are intending to return to the two years' course, hoping that will be an inducement for more pupils to enter.

I think this is a subject that might be brought up for discussion. It is not altogether a question of the advisability of the two years' course or the three years' course, whether it is necessary that a nurse shall spend two years or three years in the training-school. Some medical men claim that she learns all that she needs to know in two years; in fact, they think she can learn all they want her to know in one year. They claim that the nurses are being taught too much; some of them say there is no need for the nurses studying anatomy, or physiology or bacteriology But if we are to believe the reports published in the newspapers, the medical examining boards claim that out of every four thousand doctors turned out of the colleges annually, three thousand are not qualified to practice, and that these doctors are not taught anatomy and bacteriology enough to diagnose a case of typhoid fever.

Those are merely reports, but if true they show that progressive physicians are dissatisfied with the conditions of medical education, as we are with conditions of nursing education. We feel that the better educated a woman is before she goes into a hospital, and the better teaching and training she can have while she is there, the better she is fitted for a nurse, no matter where she is placed, whether under the most efficient doctor, or the most inefficient.

But we do want such education for our nurses as will fit them best for what they may be called upon to do. How are we going to get that? We cannot get that if our nurses work the long hours they do in the hospitals; they are totally unfitted, after their hard work they have during the day, to study. An effort has been made to establish preparatory schools. Some hospitals have established them. We hope that some day we will have them apart from the hospitals, where the nurses can be taught the beginnings of their work, and where they can be taught household economics. The nurses cannot be taught to be housekeepers in the training-schools; it cannot all be done there. As Mrs. Robb has said, it goes back to the home. Our work is so identified with the home, the demands of the home are constantly made upon us. The greater part of nursing work is done in the home, only the beginning of it is done in

the hospitals, and the rush work in the wards, does not allow for that training. In speaking of these needs of our training-schools, I want to place them before you for this reason, that we represent the alumnæ societies, and we ought to take greater interest in the work of our training-schools, and not feel that when we leave the school we are done with it, perhaps with regret, and perhaps with gladness. But we must realize that the women who come out of those training-schools we have to accept as members of our profession, whether we will or no.

If we want the right kind of women in our profession, we must do something to make our training-schools what we want them to be. We should ask for representation on the boards of management of those training-schools. Who knows better than the nurse what kind of training should be given in the training-schools, and what is wanted by the public outside? I think we are entitled to it. As nurses who have studied the situation for years and know what is required, we ought to help in every way possible to establish such a system in our schools. I have spoken very disconnectedly, but I wanted to speak looking into your faces, and throw out a few suggestions for your future discussion. We ought all to be interested in the future of nursing.

Let us all be "*Sarah Constants,*" and be as patriotic as those old settlers were. They recognized the great needs of their people, they built for future generations. Some of us are descendants of those old settlers in Virginia, and many claim to be descendants of those who settled further north. Most of us are probably Americans because we could not help ourselves, but a good many of us are Americans of our own free will and choice, just as those early pioneers wished to come where they could have a greater freedom and a greater opportunity for development. May we also be as patriotic as they were, and followers of theirs in establishing all things needed for our profession.

Report of Committee on Arrangements

Madam President and Members.—With the program filled to repletion with the most interesting topics for papers and discussion, I feel that the time is too precious for any but a brief report.

The committee on arrangements, consisting of the sub-committees on entertainment, hotels and guides for Richmond, hotels and guides for Norfolk, programs and registration, have worked with great earnestness and hearty accord to secure to our guests all the pleasure it is in our power to afford.

Virginia welcomes you, one and all, and its citizens, no less than we in the profession, consider it the highest privilege to have the Convention gathered in the capital of the Old Dominion. We have provided a number of guides who will take pleasure in piloting our guests to all points of interest in the city

they wish to see, and will cheerfully give any information. We shall be deeply grateful if our guests will make their wishes known as it is our one desire to make their visit to Virginia as happy as possible.

The program contains the notices of the entertainments provided. These will be supplemented by special announcements from time to time.

It has long been our wish to have you with us. The doors of our hearts stand wide in loving hospitality and again the southland bids you welcome.

Respectfully submitted,

ELIZABETH R. P. COOKE, Chairman.

REPORT OF THE PUBLICATION COMMITTEE

The committee on publications reported through its chairman, Miss DeWitt, that it had attended to necessary printing, an itemized account of which had been given the board of directors.

REPORT OF THE ELIGIBILITY COMMITTEE

Applications from twenty associations have been received, eight of which we find eligible for membership. Of the number remaining; three, being private hospitals, do not meet the requirements of article I. of the by-laws; eight send their nurses out on private duty; and of one, information was not furnished.

We would ask the executive committee to consider the suggestion of a new application blank which should incorporate the question as to whether nurses are sent out on private duty, and the request that a copy of the training-school curriculum be sent. It should also provide space for the committee's approval. Such a blank would save time, patience, and money.

Respectfully submitted,

ANNA E. BROBSON, Chairman.

REPORT OF THE COMMITTEE ON THE PURCHASE OF JOURNAL STOCK

MADAM PRESIDENT.—Your committee has accomplished very little in material results.

It was decided at the first of the year to ask the state associations to contribute toward the purchase of JOURNAL stock, but on presenting this to some of the officers, it was found that the expenses of the work for registration in some instances required all available funds; others were not having their annual meeting until after the national association and were unable to answer; others needed money for local needs. One association donated the amount for one share—that of Washington, D. C.

All agreed the object was one that met with approval and were willing to give hearty coöperation if it were possible.

The committee had this proposition placed before it: That the national association borrow the necessary amount of money, which could be procured at a rate of two or two and a half per cent., and buy the stock with this fund. This amount would necessarily mean a debt of several thousand dollars and with our growing needs and expenses is deemed inadvisable and is not recommended by the committee.

This one plan is suggested for discussion: That each alumnæ society having membership in this association raise its dues one dollar per member for this

year, or, in other words, that each member of a society pay one dollar tax. With our total membership of ten thousand this would give a sum sufficient to purchase the stock and to defray all expenses, at the same time giving each nurse a personal and individual interest in the success of the undertaking.

Respectfully submitted,

ANNA J. GREENLEES, Chairman.

The report of the committee on purchase of the JOURNAL was accepted and a discussion followed.

Mrs. Fournier moved that the committee on purchase of JOURNAL stock be empowered to negotiate with the AMERICAN JOURNAL OF NURSING Company in regard to the transfer of the JOURNAL to the Associated Alumnæ. The motion was carried.

Mrs. Robb moved that each delegate carry back to her association the suggestion of the committee that each member contribute one dollar, so that when the negotiations for purchasing the JOURNAL shall be completed, we may have the money ready to buy it. This motion was carried.

REPORT OF NOMINATING COMMITTEE

Your committee begs leave to present to you the following report: In accordance with the amendment to the by-laws (Section I, Article XI) nominating blanks were sent to all affiliated associations on November 1, 1906, there being at that time one hundred and nine alumnæ and fourteen state associations.

Fifty-two blanks had been returned to the chairman up to January 24. From these returns your committee has prepared the following ticket of two or more nominees for each office who have consented to serve if elected:

President
Miss Annie Damer, New York.
Miss Harriet Fulmer, Chicago.
First Vice-President
Miss Genevieve Cooke, San Francisco.
Miss G. M. Ross, Baltimore.
Second Vice-President
Miss S. H. Cabaniss, Richmond.
Miss C. D. Noyes, New Bedford.
Secretary
Miss Nellie M. Casey, Philadelphia.
Miss Katherine De Witt, Rochester.
Treasurer
Miss Anna Davids, New York.
Mrs. E. G. Fournier, Ft. Wayne.
Directors
Miss Isabel McIsaac, Benton Harbor.
Miss Annie L. Alline, Albany.
Miss Minnie Ahrens, Chicago.
Miss Anna E. Brobson, Omaha.
Miss E. P. Cooke, Richmond.

Nominating blanks were sent to one hundred and twelve alumnæ and eighteen state associations about three weeks before the meeting in Richmond.

Nominating blanks received after the time for receiving returns was up, and which were not considered, are as follows:

Mt. Sinai Alumnæ Association, New York.
Garfield Memorial Hospital Association, Washington.
Columbia and Children's Hospital Association, Washington.
National Homœopathic Hospital Association, Washington.
Freedman's Hospital Association, Washington.
Union Benevolent Hospital Association, Grand Rapids.
Hope Hospital Association, Fort Wayne.
Graduate Nurses Association, District of Columbia.

To facilitate the work of this committee, it is recommended that the affiliated associations nominate for the various offices not only those who are eligible, but those who have consented to serve if elected.

Respectfully submitted,

SARAH E. SLY, Chairman.

THE PRESIDENT.—You will notice that some of the nominating blanks were received too late to be considered, but we feel that it was a very fair return for the first trial of this way of nominating our officers. The associations have the opportunity of making nominations, these nominations can be accepted or rejected at the will of the convention. If there are other nominations to be made, they may be made at this time. The polls have been open since ten o'clock this morning. The majority of the voting will be done at intervals between the sessions. The inspectors of election will take charge of the ballot box, and make their report to-morrow afternoon. The polls will close to-morrow at one o'clock, and all votes must be in the ballot box at that time.

Before we adjourn this morning, after the question-box, an opportunity will be given for other nominations if it is your wish.

The secretary then read the following letter and telegram which had been received:

SAN FRANCISCO, JUNE 23, 1906.

MY DEAR MISS DAVIDS: I write to thank you in the name of the San Francisco County Nurses' Association for the very generous expression of sympathy displayed by the Associated Alumnæ in sending a check for three hundred dollars to our association in this time of distress. It is a very acceptable gift and will certainly be used to advantage in making a comfortable home for our burned-out nurses. We have taken a large house that will accommodate from twenty to twenty-five nurses, and in connection with this we are establishing a central directory. We are having quite a number of calls and hope to make a success of our directory.

Kindly extend the sincere thanks of the San Francisco nurses to their eastern sisters who have aided them so generously and sent such kind words of sympathy to us in our distress. We appreciate deeply all the kindness shown to us, and it is lovely to know that nearly all that has been sent to us has come from sister nurses.

Very sincerely yours,

MARY L. SWEENEY,
Secretary.

NEW YORK, MAY 74, 1907.

Miss Nellie M. Casey, Secretary Associated Alumnæ.

The Lebanon Alumnæ Association sends best wishes for a good meeting and a happy time. Wish we could be with you.

MARIE SCHMIDLING.
Corresponding Secretary.

THE PRESIDENT.—We will now listen to a very interesting paper by Miss Allen, who is doing missionary nursing among the mountain heights of North Carolina.

MISSIONARY NURSING AMONG THE MOUNTAINS

BY MARIA PURDON ALLEN

IN speaking in this slight sketch only of the mountaineers of the south it may be well to enlist your interest or your patriotism by telling you that they are as purely Americans as any one class of people in the United States. For generations their ancestors have lived in the mountains of North and South Carolina and Tennessee, they fought in the Revolution and in the Civil War, and fought bravely, living simple primitive lives,—horribly monotonous we would think them,—eating coarse, badly cooked food, and, unfortunately for them, drinking the wretched stuff called corn-liquor all too frequently with the resulting "shootins" and occasionally "killins." The reason the latter are not more numerous is possibly because a drunken man's aim is not of the best, however good, or bad, his intentions may be. In parts of the South whiskey is used much too commonly as a medicine for every ill and is of the greatest assistance in prolonging the unhappy feud system where it is a virtue to hate. Some amusement, some excitement these so-called poor whites must have, and drinking being a cheap and easily obtained amusement, one can only deplore the fact, hoping for something better to take its place. Living as they do in lonely, isolated coves in the mountains, the monotony of their lives is hardly conceivable, and when the fact is realized that a large number are unable to read, having nothing to read if they could, and no way of procuring either books or magazines, it makes those of us who know them anxious to share the benefits of civilization with them. Education is the great, the crying need, and without it they cannot be helped religiously or morally. The Episcopal Church at least keeps this aim constantly before it and the names of missions and schools are almost synonymous. Being ignorant, it is very easy for false prophets to influence them and some of the doctrines taught by itinerant preachers is most disastrous morally and spiritually, especially that form of conversion after which the so-called convert can sin no more. Some of these preachers

cannot even read the Bible they profess to teach. Preaching from such men cannot be edifying.

To help them, by instructing them, it is most essential that one should have their confidence and esteem, which can only be gained by a decided interest shown in the people and by a freedom from condescension. They are a shy, dignified, hospitable people, full of superstitious and weather signs, living on very little, hardly brought out of the ground, with still fewer groceries and butcher-meat. They are scarcely protected from the weather by log cabins full of chinks, sometimes filled with clay, or boarded over in winter, and in many instances without a window in either room of a two-room cabin. In such cases the door must be left open for light, and is only closed in severe weather, when the family sits in total darkness, save for the light of a fire on the hearth. Here you see the most interesting primitive cooking utensils, ovens of iron, like a frying-pan, on three short legs, having a deep lid in which hot coals are put, to bake on top and bottom, corn-bread or soda-biscuit. Pot-hooks, the models for the first strokes in writing anciently, are here in daily use, to remove the three-legged iron pots from the fire.

Each small house has one, or two tables, a few chairs, seldom enough to go round, but always from two to four double beds which accommodate large families, often increased by married sons or daughters living at home with their children. These children are treated with the greatest kindness and are badly spoiled; the younger ones invariably have their own way. There is always room for one more, any visitor who happens in from a walk or ride, on horse or mule-back, of ten or twelve miles, is expected to stay several days, if he chooses,—it is taken as a matter of course, making only a little more crowding of the children. Such is their hospitality that I have almost without exception been asked and urged to stay to whatever meal might be under way at the time of my visit.

The mountaineers are not an unhealthy people, in spite of their poorly cooked diet of pork and biscuit for staple articles; it would be hard to be other than healthy in such a beautiful climate as that of western North Carolina, but from ignorance of sanitary conditions there is more typhoid than there should be, pneumonia, and even phthisis. There is a curious form of reasoning, or want of reasoning, displayed by these people; fearing to even enter a room in which there is a case of typhoid fever, they will yet live, eat, and sleep with a patient suffering from advanced tuberculosis of the lungs. In none of these diseases will any disinfecting or ordinary care be observed save where a physician is called in and does what he can to teach them.

Goitre is very common in some parts of the mountains, and it is difficult to know to what cause to attribute its frequency, whether consanquinity has anything to do with it is not clear. Intermarriages between families in a neighborhood and early marriages, too, make for a return of tribe-like arrays of people of one name.

The mountaineer, either from pure shiftlessness, or, possibly, ambition of a kind—that of providing for his children, as one man told me, teaching them spinning in a cotton-mill—will give up his farm and come into the towns to work in mills and factories. There his deterioration continues; for, finding that even the younger children can earn money in these factories, the father discovers that the mill doesn't agree with him, and he stays at home supported by their earnings. This is not, perhaps, very frequent, but it does happen, and the children cheerfully agree to the new order of things. In beginning district nursing in the town and country under the auspices of the Episcopal Church mission, a number of people were prepared to receive me cordially, and my practice soon became in some respects like that of a doctor, as I would be sent for again and again by the same families. Where necessary I would urge the sending for a doctor. Obstetric cases were undertaken, as a trained nurse was certainly an improvement on the so-called "granny-women" who very frequently act as obstetricians with such results as one would expect. The physicians of the neighborhood were most kind in offering to assist me in difficult cases.

In some families four or five would be attacked at the same time with such diseases as typhoid and pneumonia, quite a number to cope with single-handed, where it became necessary to stay up at first every other night, later every night, to look after them. In this last instance was displayed that peculiar fatalism so difficult to manage. Finding one of these pneumonia patients, a boy, in collapse, I asked the father if he had sent for a doctor, and was told that he had sent once but that it was of no use to send again, he had lost heart, the boy was going to die. Not even having my hypodermic case with me, I urged the father to send again, which he did most reluctantly. At another death-bed—for so this last case became—the husband of the dying woman begged all the family "to give her up to die." His sister told me that he had refused to give up his first wife and had "carried on something terrible," begging them not to give her up, while she was dying.

Among many of the mountaineers there is marked neatness as compared with the same class dwelling in towns, but all seem equally superstitious, and it is the most difficult thing in the world to persuade them to use prophylaxis in regard to diseases. Until the patient is dying the

neighbors, even the door-neighbors as they say, will not come in to help the family where there is a case of typhoid, yet will all be drinking from a well, perhaps down the hill from the patient's house, where no disinfection is used and there is nothing but surface drainage.

Babies are started at an early age on indigestible food, and although cutting their teeth very late, are eating "just anything and everything," including pork, beans, cabbage, sweet-potatoes, and the underdone soda-biscuit, known as bread. This is pale, often yellow and green in streaks, for the success of your bread depends entirely on luck and not upon any skill in measuring the materials.

However they are handicapped, they struggle through life, but often carry indigestion with them as they grow. Their ailments are those of all children, scarlet fever and diphtheria being very rare, with an excess, perhaps, in old and young both, of bowel trouble and with distinct disturbances of the liver, as could only be expected. Teas, of all kinds of herbs, are brewed and given, first one thing and then another being tried, the patient meanwhile subsisting on biscuits and coffee with perhaps a fried egg or so.

Occasionally one is given heart o' grace to continue giving precept upon precept, when an old patient is found administering advice to a friend as to seeking professional aid before trying red-oak-bark, turpentine, or fat pork on a fresh or infected wound.

Cleanliness may, in time, become a preventive of "thresh," but this trouble is often looked upon as a family failing, and when heredity is too much for the baby it is so simple to use a cure such as drawing a lizard through its mouth or to have a man who has never seen its father, breathe on the sore mouth.

Upon a baby's arrival neither he nor his mother must be touched, as to clothing, for three days, when the mother frequently sits up to have her bed made and to "strip" while the baby may be washed and redressed and have another greasy cloth applied to the umbilicus, the cord having often rotted off in that time.

Should there be a post-partum hæmorrhage, one can stop it by placing an axe under the bed with the blade up. When it is time to wean the baby, the signs of the Zodiac must be down, "plumb down in the legs," as one woman told me, speaking of her two-year-old, "but if the signs had been up in the neck or head, it would have killed the baby," showing me an almanac to prove it, we being then under the rule of Aquarius, the water-carrier. Yet this baby was eating just what he wanted and had been since his first month or two.

On two festivals of the Christian Church there are always special

observances. On Good Friday one makes garden and plants beans, while on Ascension Day, no sewing is done at all, and as many as can go fishing. The time of the Virgin Mary's visit to Elizabeth is connected with rain or fair weather "when Mary goes over the mountain." Whichever condition prevails then will continue until Mary comes back over the mountain. No near relative of the dead must touch the body in preparing it for burial, a first cousin-in-law even drawing back when asked to assist me.

Some of the expressions used—and some of them are old, old English—are interesting, such as an "infare" or party given to new "wedners," a bride and groom. A "fyst" is any kind of a small dog, "no 'count" and "coats" are petticoats, a woman's coat being always a "jacket." There are no bags but "pokes," and I have even seen a pig-in-a-poke, so he announced himself to be. An invitation to a dance is, "Will you play with me?" Bible English is quite common as "puke" for vomit or sometimes "womick," and "flux" for diarrhœa. Among diseases, one of early infancy is hives, to which they attribute errors of diet. There are hives of all sorts and kinds, including a severe and mysterious form known as the boll-hives, in which no hives break out, but the baby for that reason dies and then turns black in spots. This is presumably cerebro-spinal meningitis. Eruptions of various kinds are common, most of them non-contagious and arising from their starch and pork diet. The food supply is becoming even more restricted by a certain stock-law, doing away, as it does, with general or common grazing of stock; and so doing away with the stock itself, as among the poorer farmers and laborers, there is not enough pasture on their farms and patches of ground to support pigs and cattle.

In a country that would seem ideal for sheep, one never sees them. There is scanty pasture and no real meadow land, but even of this much the stock is deprived, being no longer allowed to wander at large over the mountains.

In the very wildest part of the mountains, Mitchell County, there is a nurse, a graduate of the Philadelphia Training-school, Blockley, who knows these people well and is devoting herself to them. She is often cut off for months from other people. Working under such conditions involves some self-sacrifice, but the pleasure one finds in it must more than repay for the lack of other society, and it is impossible to know how interesting the mountaineers are until one has lived among them. Among their greatest faults is a hydrophobia, which may be partly accounted for by the difficulty of procuring water which must all be

drawn out of a well by a windlass and often carried quite a distance to the house. After a few trials with the bucket and long rope, one can easily see that bathing could go entirely out of fashion if made so difficult. One woman told me that she had been plumb fool enough to take a bath every day one summer, six years ago, and she had never been well since. These people can learn and are grateful; they need help, and unless we Americans show as much interest in them as in Foreign Missions and slum-work, who is to help them?

There is an Episcopal mission hospital in Morganton by means of which we hope to reach them and help them,—these tall, serious Anglo-Saxons, who are so near a kin to us,—and this building is the outgrowth of the two years of district nursing there. It is a small hospital with twenty beds, and though well equipped has no assured income. We are troubled by no board of managers, the archdeacon of the district of Asheville being the sole director, but we do need nurses.

VISITING NURSING IN THE MOUNTAINS OF WESTERN NORTH CAROLINA

By LYDIA HOLMAN

On Christmas Day, 1900, I came to this little hamlet deep in the mountains of western North Carolina—some of my experiences in and about which I have been asked to tell you—to take charge of a typhoid patient. This patient was an eastern woman, and being unable to get a physician nearer than thirty miles, sent to Philadelphia for a nurse who would be willing to take her case without one. The region is interesting for its natural beauty, but that is soon lost sight of as one realizes the greater human interest centering in the mountaineers; their splendid unrealized opportunities, their ignorant and neglected condition, and their unconscious need of help. These mountain folk know nothing of trained nurses, anyone capable of looking after them in illness is, in their idea, a "doctor," so that from January to May, opportunities were many and varied, in visits made among their sick, to see their hopeless lack of intelligent care and their inability to get any treatment other than herb and root teas, poultices, or rubbings, given by the nearest friendly neighbor.

With conditions ideal for outdoor treatment, one is somewhat surprised to find numerous cases of tuberculosis until one realizes how little is known of, or rather how deep is the apparent aversion to, ventilation and cleanliness. While most of the newer houses now have glazed win-

dows, they are meant for light only, and the need for ventilation other than that afforded by the chinks and cracks in the building is not recognized. Large families are born and brought up in cabins of two and three rooms, regardless of any sense of morals or hygiene. In recommending larger houses and separate rooms for the girls, one old mountaineer of about eighty said: "My grandfather and my father each raised from twelve to fifteen children in this very house, so what's the use of having windows open at night or washing any more than your face and hands after you've grown up?" As a natural consequence, illnesses due to unhygienic conditions are common and it seems as if every known chronic disease were found here. In the winter there is every degree of cold with its attendant diseases. In the spring, slight colds, sore eyes, and the miseries attendant upon pork-and-bean-laden blood abound. In summer, there are the usual complaints due to badly-kept foods, low ill-kept springs, carelessness with milk; and frequently the most desperate appearing cases result from an unbridled indulgence of their appetites. Throughout the summer and fall are frequent cases of mountain fever or, as they call it, typhoid fever. Alimentary diseases constantly occur throughout the year. So in this great health-giving mountainous region there is probably as much sickness for the number of inhabitants as there is in any old-fashioned country town.

In May I left and spent that summer nursing among the poor in Philadelphia and the following winter in the Nurses' Settlement in New York City; but throughout the year there was with me an unhappy consciousness of the hardships and needs of the mountain folk I had left. In December, 1902, I returned with my former patient, on a salary, and with stated duties to her, but with the privilege of going to any of the mountain sick who might need and want my services. At once I became busy, and though my patient has long since dispensed with my services, I found the needs of the people so urgent that I have remained here ever since with the exception of two visits to the outside world for rest and the replenishment of supplies. The district is practically unlimited, although I decline to go into a doctor's territory unless he sends for me, or tells the people to come. The work is, of necessity, a sort of combination of country doctor and visiting nurse, one has to do minor surgical operations, obstetrical work, attend medical and skin cases, and extract teeth. Speaking of teeth, the ordinary tooth-brush is a piece of splintered green wood which is usually dipped in snuff and rubbed into the teeth and gums. All cases are treated from a nurse's standpoint; if the progress is not satisfactory, my medical library (a very good one) is resorted to and simple remedies are given; though

in tight places I have at times been rather bold in the use of drugs. In surgery of any description, cleanliness, as we are trained to know it, is absolutely impossible, as too it is to have any dressing remain as adjusted, since the patient and his sympathetic friends must make frequent examination of the wound and watch with great interest the healing process. Daintiness in nursing is out of the question; ordinary cleanliness can usually be had, though I am frequently told "It is only a fashion you uns get into, usin' so much water and clean cloths." Maternity work is the most difficult, as no woman is considered sick at such a time, and the usual treatment would seem to us exaggerated cruelty and neglect; the methods are ancient and crude beyond belief and water and air, as in most other cases, are harbingers of death. I will give you in detail a busy day and night that you may better understand the work and its difficulty of accomplishment.

It was eleven o'clock at night, the thermometer five degrees above zero, wind howling through the trees and snow piling high. I had been in the saddle nearly all day and was finding the blazing wood-fire and a good book most comforting, when suddenly above the wind came a loud "Hello! Hello!" repeated until I could reach the window to answer. "Wife is down, will you go?" Labor had begun, and there were twelve miles over mountain roads, with frozen "branches" and a river to ford, between her and the nearest person to attend. The maternity bag is always ready, the horse was quickly saddled, and no time lost in starting; but the ride took three and a half hours, the roads, always bad, are indescribable in the winter, with the rocks and ice and drifting snow. Four hours later labor was completed and a bath had been given to mother and babe, the billowy "goose-feather" bed had been made fresh and patted into smoothness, and most careful instructions left with the grandmother as I did not expect to see the patient again. On the return trip I visited five pneumonia patients, three were being treated with glykaolin to chest, hygienic food, and stimulant; two with hydrotheraphy; one was being visited twice a day; two, daily; and two every other day, as the necessity of the case demanded. I may add that they all recovered in the regular order.

I reached my little cottage late in the afternoon weary and hungry, for though my mountain friends possess the quality of hospitality, carried almost to the point of forcefulness, I have not yet been able to accommodate myself to the regulation "pork and pone" fare of the country. The next morning at six the usual "Hello!" wakened me. This time it was Mr. S. L. to take me to White Oak six miles away. He explained, "I come early for fear somebody might get ahead of me."

I stopped to get breakfast, wash the dishes and pack my supply bag for the day, then accompanied him to find the patient, a woman suffering from a neglected and chronic cystitis, that had been patiently endured to the point of non-endurance. A sitz bath was given, the bladder irrigated, and the diet and exercise regulated. (I may add parenthetically that this treatment was given daily for two weeks, every other day for six weeks; finally three times a week. In six months she was well and able to do her house-work, including washing.) From this visit I returned in time to prepare my dinner, but before the meal was finished M. V. came to take me to a mining accident case. I found the man with a crushed skull, and dead. I returned to find a man waiting with the horse to take me to a suspected case of typhoid, ten miles away. I found this patient with a high temperature, bad pulse, and delirious, she had been sick for two weeks with no treatment. I at once gave an injection and cold pack, the latter repeated every three hours all night, I gave whiskey, regulated the diet, left careful instructions with the family, and demonstrated the injection, pack, mouth-washing, bed-making, disinfection, etc., and returned home in time for breakfast.

So the work goes. The distances are so great that one must waste much time on the road; often I ride from five to twenty-two miles to make a single visit, prolonging it several hours to give a "while-you-wait nurses' course" to the family, lest I should not return again. At one time last winter with a bad pneumonia case at either end of a fifteen mile stretch, and numerous other patients scattered in between, I was in the saddle nearly all the time for three weeks and able to stop at home only long enough for baths and changes of clothing. The work is not always so hard and there are compensations—the blue sky, the everlasting hills, the clear, exhilarating air, and the simplicity of the people. These all go to make my life here a happy one. I will outline a few cases from my note-book.

S. W.—Sawing wood, blistered knee. No attention paid to it. Became infected, sent for me.

December 20th.—Opened the abscess, irrigated with weak solution of bichloride, applied wet dressing.

December 22d.—Dry dressing. December 26th, well. He came to the house for treatment so I had an opportunity for giving advice as to prevention of small blisters, big sores and blood poisoning.

December 21st.—L. P., 3 years of age. Grandmother, the herb doctor, now about eighty, said the child had measles "but don't git well right." Find glands of neck badly swollen and sore, give dose of oil and a preparation of glycerine, iodine, and creolin, to rub glands.

January 1st.—Well, and all the neighbors' children with swollen glands are being treated with the left-over remedy.

January 6th.—A. M., three years. Has been sick with fever and croupy cough for five days, bowels not moved in four days. Struggling for breath, and badly cyanosed when I get there. In a log cabin about eighteen feet square, not chinked, and snow and wind blowing in every direction. The child is in its father's arms and too weak to be given a mustard bath (my favorite first treatment for children). From nine-thirty A.M. to three-thirty P.M. I worked uninterruptedly with hot compresses, steam inhalations, injection for bowels, gave strychnine gr. 1/60 with whiskey but the child died of exhaustion at four P.M. There was no physician to call.

January 7th.—S. J. Apparently ivy poisoning, had been applying "cream and gunpowder," became infected, and came to have "risin" under arm opened, which I declined to do, but rubbed it with icthyol, using wet compresses of carbolic on the poison.

January 18th.—Well.

April 3d.—Mrs. D. Three weeks ago lost quantity of blood via vagina. Did not see her until to-day (April 3d). Instructed her as to rest, light, air, cleanliness, diet, etc., and put her to bed properly for a week.

April 5th.—Find she has been up and had profuse hæmorrhage. She is sure the fœtus is dead and wants it removed. I decide otherwise, put her to bed for two weeks, give hot douche and 1 gr. opium by suppository and explain the danger of miscarriage and its ill effects upon health, touch upon its moral and religious side and refuse to ever again do anything for her unless my orders are carried out. She is up and about the 20th and at term has twelve pound baby.

November.—Mr. P. Knee bruised from pushing shovel handle in mica mine; applied home remedies, "mutton taller" and gunpowder. "Down" (which means in bed) two weeks since he first noticed soreness. Now there is high fever, swelling in groin, red streaks from knee to groin and much pain. Apply glykaolin over night, in morning find less pain and redness, but fever high and other unmistakable signs of pus. Apply glykaolin to groin, find pus sac with hypodermic needle, open, and irrigate with bichloride and dress with gauze drainage. Irrigate once in twenty-four hours until no signs of pus, then rub with 10 per cent. icthyol. In three weeks the patient is well but the knee is a little stiff for two months. In the typhoid cases I have introduced cold packs and sponging and obtain very good results. No one has ever instructed these people in the care of the sick, and many families living in the far-away

nooks and corners get only such medical attention as the old women who doctor with teas and brews can give them. Frequently I find them suffering from an overdose of the remedy taken rather than from the ailment for which it was given. In many ways they are a hundred years behind the times, but I find them of fair intelligence, kindly, and hospitable; the old folks content with their small farms, the younger element desiring, in a disinterested sort of way, a little more knowledge of the outside world and its workings; and a few, eager to take advantage of any opportunity for improvement offered. If out of the forest came a Genie and asked "What would you?" I should say: Turn the thoughts of our great moneyed philanthropists to our isolated mountain folk, give them social settlements, industrial and manual schools, cooking schools, Young Men's Christian Associations, Christian Endeavor Societies, or any sort of a society that will help the women and girls, make a chain of them from Canada to Georgia, and do for these unknown, neglected, native Americans, some part of what is being done for the foreigners in the cities; for though their poverty is not so great, their wants are many and their ignorance dense. They need only opportunity, leadership and good example. Let us have a small hospital and a good doctor, one who will work for little glory and less money, but who will be filled with a satisfaction greater than these can give.

The lowest number of visits I have recorded in a month is eight, and the highest, forty-two. As for remuneration, I take what I can collect, always considering the apparent circumstances of the family (and often being deceived by appearances). For maternity work among merchants, and other families well to do, I charge ten dollars; for others, five; sometimes, two; and often nothing. My visits are paid for according to distance and number and not according to time spent or work done. Frequently I receive for services farm products, chickens, wood, potatoes, corn, oats, hay, anything there may happen to be an over-supply of. When I cannot use them, others who can, buy, usually at a loss to myself. In this way I have earned the rent of my three-room cottage (forty dollars a year), food, medicines, and supplies, and little extras, such as horse hire. Clothing does not count, as I have been wearing such old things as I had on hand. Now that the supply has run out, I am about to "quit," as my mountain friends say. It is a pity, for I know I have the friendship and confidence of the people, but the work is too much for one person and work not organized is slow in results. Two salaries for nurses are needed. It is out of the question to do one-third of what is needed in one neighborhood, not at all considering what is needed in five other neighborhoods.

We hope to excite some interest in our prospective hospital.

THE PRESIDENT.—If anyone is doing the same work that Miss Allen is doing, we would like to hear from her.

MISS S. H. CABANISS.—Madam President, I will present a letter from the Arch-deacon. Just outside of Charlottesville is quite a large district known as the Ragged Mountains, but it is not now restricted to the Ragged Mountains. Some years ago that district was set apart, and put in charge of the Rev. Mr. Neve, as Arch-deacon, and he writes this letter:

IVY DEPOT, VIRGINIA, MAY 10, 1907.

DEAR MISS CABANISS: Thanks for your letter. I am sending you some leaflets about the work in general, which may give you some idea of the conditions existing in the mountains. The people are utterly ignorant about nursing the sick; and if anyone gets really ill, there is not much chance for him.

We have now a small cottage hospital in Swift Run Gap in Green County, with two trained nurses.

Dispensary work is done at two or three other of our mission houses. We have two deaconnesses at the Mission House near Shiflett's Hollow, who do nursing work, and last summer they succeeded in stamping out an epidemic of diphtheria by applying the most recent methods of treatment.

Not only ignorance has to be contended with, but superstitition as well. Many of them believe in charms, and there is a hoodoo doctor in one community whom the people have great faith in. One of his remedies is a silver dime chopped up into little pieces and put into a bottle of water.

In the little booklet, "Poor Powsan," enclosed, you will find a place marked, where a strange remedy for frozen feet is mentioned.

With many of the people it has been found useless to leave medicine with directions about giving it to the patient. They don't know the time, and therefore are afraid of giving the medicine too often or not often enough, and therefore do not give it at all.

Hoping that this letter and the leaflets sent will help you, I remain,

Yours faithfully,

FREDERICK W. NEVE.

THE PRESIDENT.—We will now take up the question box.

MISS MCISAAC.—Madam President, I am going to begin with a very simple, harmless question that there cannot be any controversy over.

"Why should the Directory of Nurses be under the control of the nurses? If it is not professional on the part of nurses to allow the directory to be managed by persons not nurses, please be explicit in telling just why not professional." The question is now open for discussion.

A MEMBER.—The nurse is working for her profession, the business woman is working for money; therefore, the nurse is the best one to manage the directory.

MISS PALMER.—I will say a word just to start the ball rolling. It seems to me that when we use the word profession or professional, we imply a standard which we control, or should control, ourselves. Now if our directories are to be a part of our whole educational system, they should be under our sole control, and no directory, it seems to me, can be managed in the interest of nurses by anyone outside of the profession. If we go outside the profession, and have a

kind of intelligence office through which the nurses get their jobs and pay, we might put it in the hands of someone outside who might be sharper than ourselves. But if we are going to call it a part of our educational system, it should be managed honestly and properly, and by the nurses first of all, in the interest of professinal service to the public.

A MEMBER.—I cannot see why we cannot take charge of our directories. I think there are as many good business women inside of our profession as there are outside.

MRS ROBB.—One reason for insisting on the management of our own directories is that there is so much that is professional only that must be considered by our registrar, that would be to the best interest of nurses, and which, in fact, could not possibly be managed in a dignified way by anyone outside of the profession. We have become a large representative body of women, the public are depending upon us to do certain things, and it seems to me that one of our most important duties is to send the right kind of a nurse into the home where there is sickness and distress; our registrars can do that better than simply business women. Our registry in Cleveland was established five or six years ago. The nurses did not at first give it their support; it was supported for two years by the Graduate Nurses' Association. At the end of that time the nurses had developed some interest in it, and now they have begun to teach the general public to depend upon this registry to secure their nurses.

We find that the smaller towns of Ohio, fifty and sixty miles from Cleveland, give this registry a great deal of patronage. We feel now that it is a success, and after having served four or five years on that committee, I am convinced that there is very good reason for the management and control of the registry by nurses themselves, if for no other reason than that the general public is depending upon us to send the right kind of women into their homes to take care of the sick and the helpless.

On motion, the further discussion of the question-box was adjourned to an informal meeting at night.

THE PRESIDENT.—Nominations are now in order from the floor, for president, vice-president, secretary, treasurer and members of the Board of Directors.

Miss Martha M. Russell, of New York, was nominated for the board of directors.

Miss Sly was nominated for secretary, but declined.

Misses Eldredge, of Chicago, Garvison, of Philadelphia, and Ellis, of Cleveland, were nominated from the floor, and elected as members of the committee on resolutions.

Wednesday, May 15

AFTERNOON SESSION

The Convention was called to order at two o'clock.

THE PRESIDENT.—This session will be devoted to state work, and I will place it in charge of Miss Sly, who has arranged it.

MISS SLY.—I know you will be glad to hear from Miss Adda Eldredge, who is fresh from legislative work in Illinois. She will read a paper on "How to Organize for Legislation." She was Lecturer in Illinois last year.

HOW TO ORGANIZE FOR REGISTRATION

By ADDA ELDREDGE

Miss Palmer's very able papers on state registration can hardly be improved upon, but to those starting the campaign, a few suggestions as to a working plan, formulated from the experience of those who have been actually engaged in the work, embodying not only what has been done, but what in the light of experience we can see ought to have been done, may prove of value. Miss Palmer has told the requirements for the leader, the chairman of the legislative committee. If she is the woman for the place, you can trust her to choose the members of her committee. This committee should be composed of at least five members. Each member should, before accepting the position, consider the enormous responsibility she is assuming, and enter on the work with a broad-minded comprehension of the fact that harmony is absolutely necessary for any successful work. The state association, well organized, incorporated, and representative is taken for granted. As far as possible every one in the state must be interested, first the nurses, then the medical profession and the laity also must be convinced that this question affects them. The question then arises how can this be done? Let some member of your legislative committee, with your lawyer, carefully prepare a draft of your bill; do not make the mistake of leaving the drafting of the bill entirely to your lawyer, or of drafting it yourselves. Give him every point which you wish incorporated, then let two or three of your committee study the draft he has evolved, word by word, line by line, paragraph by paragraph, until it is a clear, concise and easily comprehended statement. A lawyer who is familiar with the drawing of bills, who will put what you want into as few words as possible, avoiding ambiguity, and give the time and attention necessary, goes without saying.

While the bill is being drafted, let the other members of the committee find out all the hospitals in the state, and all the alumnæ associations, according to the legislative districts in which they are located. Locate, if possible, individual nurses in each district; have this done before it is needed, then it will be systematically done, but it will be no easy task. This matter of interesting and educating the public can be done through the women's clubs; by bringing the subject before the medical societies; by presenting it fairly and plainly to all the newspapers throughout the state; and if you can interest these last suffi-

ciently, so that they will write editorials in favor of your cause, so much the better, if they prefer to give you space, write the articles yourselves, but be sure there is a plain statement of facts that there be no misunderstanding as to what is demanded. Have the work so divided that each member is given her share. Let there be frequent meetings of the committee that reports may be made as to what each has accomplished, and that no ill-advised steps may be taken by any misguided enthusiast. Introduce your bill as early in the session as possible. In Illinois, in this our third campaign, a member was sent, wherever, a hearing could be obtained in the state, to address the nurses, doctors, and general public, explaining clearly what we aimed to accomplish. It was deemed advisable that but one person be sent, and that the same address be delivered everywhere, thus precluding any contradictory statements. This has been the only change made in this campaign. The first idea was to address the nurses, and the request for a chance to present the subject was made first to alumnæ associations; where there was no response from these, the hospital superintendents were asked to call the meetings. Almost imperceptibly the scope of these meetings changed, the undergraduates were addressed with the graduates, members of the hospital boards, a few doctors were asked, then a woman's club was sponsor for a meeting, and so it grew until in many places public meetings were held under the auspices of a woman's club, a hospital or members of the medical profession. One county medical society was addressed; finally through the kindness of the president of the Chicago Medical Society the subject was presented to the different branches of that society. We had an advantage in that our state association belongs to the State Federation of Woman's Clubs. The Federation as well as many of the different clubs endorsed our bill and sent these endorsements to their senators and representatives.

When we wished to reach the people in towns where we had no nurses or knew of none, we asked the women's clubs in those places to arrange for a meeting, sending our representative to address the meeting, and if possible to read the bill. At all meetings an opportunity was given for questions and objections, which were answered and met, all suggestions being carried back to the legislative committee. Letters were sent to hospitals asking the endorsement of the medical staff, in some instances of the trustees, also of each superintendent of nurses and individually to many of the prominent members of the medical profession throughout the state, to nurses calling attention to the necessity for personal work and stating the name of the senator and representatives of her district. The education of the public, as well as of many within

our own ranks, a more cordial attitude from the medical profession, a feeling of friendliness from the very best of the untrained women engaged in nursing, has certainly been the result.

I would suggest that, long before you need it, a list be made of hospitals having training-schools, a list of alumnæ associations, of county societies where you have them, also of county medical societies and women's clubs. That every nurse belonging to your state associations be asked to send her name and address with the number of the legislative district in which she lives, and a list of other districts in which she has friends whose influence will be of value. This is especially necessary in large states such as Illinois, in which we found many legislative districts where we could not locate a single nurse. To one who has not attempted it, it is impossible to realize the immense amount of work involved in finding the boundaries of the districts, and then attempting to locate the resident nurses. Every nurse in the state ought to use her influence, but how few feel this, and the question for the legislative committee is how to find the nurse and make her realize that she personally is responsible for the success or failure of the bill, for we must reach the home people of each legislator. As Miss Palmer says, "they do not care what we want, but they do care what is wanted by their constituents." After a town has been visited, keep in touch with it, enthusiasm is easily aroused, but it dies as easily, the effort which bears no fruit is useless. I firmly believe that if you reach each man through his home people, you will not have to do one-half the lobbying which is so wearying and so humiliating. Just one word more as to your lobby. Send as few people as you can and as seldom as possible. Of course your bill must be introduced and the main thing is to find the right man to do this, one who will have interest in seeing it through, must of necessity be a man who stands for something among his fellows of the senate or house, as the case may be, and I could wish you no better success than to find such a man as Senator Clark who has introduced the three bills which the nurses of Illinois have prepared.

Miss Sly.—The discussion on this paper will be opened by Miss Louie Croft Boyd, a member of the Colorado Board of Examiners.

Miss Boyd.—As a result of experience we of Colorado have come to these conclusions:

1.—Arouse interest among the trained nurses of the state and urge upon them the fact that they are the constituents of certain members of the legislative body and should bring their professional needs to the attention of their representatives.

2.—Introduce your Bill early in the session and, provided this is your first

effort, in both branches of the legislature. This brings the registration question to the attention of the whole legislative body.

3.—Choose men who are aggressive and influential to father your Bill in both Senate and House.

4.—Confine your work to the nurses, the members of the legislature and their friends, avoiding newspaper and public comment because the newspapers and the public demand results and these you are unprepared to give them.

5.—When working for the passage of your first Bill a nurse is the proper person to have charge of the work, because only a nurse knows the exigencies of the nursing profession and, to use a western expression, she needs to "camp on the trail" of the measure.

6.—Have no other legislative interest except your nurses' Bill and let no one inveigle you into a discussion concerning the pros and cons of another measure.

In conclusion let me say that each state has certain local conditions to meet. From the conclusions of the different state experiences you need only such as will aid in the solution of your own problems. You have to "work out your own salvation" in the nurses' registration movement and from personal experience, let me assure you, it is "with fear and trembling."

Miss Sly.—The paper is now open for general discussion.

Miss Ahrens.—Madam chairman, I would like to say that the two things which have helped us most in our work in Illinois have been the assistance we have received from the newspapers and the sending of a nurse through the state. The first thing for an association to do, that is entering on this work, is to set aside a salary for one woman doing that work. We cannot expect a woman to give up all of her time and do all this work gratis, and it is best to pay one woman to do it. This is the first year we have done this in Illinois. We did n't pay that woman enough, we paid her what we could, and we thought her work was worth much to us. Our lobbying this year has been a very simple matter, because, when we went to Springfield, we found that the legislators had already received instructions. When you go to them about a measure which they know their constituents want, it is a very easy matter to convince them it is the right thing.

Miss Deans.—Madame chairman, when we began the campaign in Michigan, it was a question whether or not we should appoint somebody to go through the state. The only reason we did not do it was because of the lack of finances, so it all had to be done by correspondence. Committees were appointed in each legislative district from our superintendents. We felt that perhaps we did make a mistake in taking the medical men into our confidence too early, and I am sure the Michigan nurses feel confident that our Bill would have gone through had it not been for the substitute Bill that was introduced at the eleventh hour by the State Medical Board.

Miss Eldredge.—Madam chairman, I would like to say a word more in answer to the speaker from Michigan. Through the kindness of the president of the Chicago Medical Society, and, in the first place, through the kindness of Miss Wheeler, of the Blessing Hospital of Quincy, I was able to get into touch with the doctors. There had always been a great deal of opposition on the part of the doctors throughout the state, but they had never heard from the nurses. When I saw them and they were told exactly what we were saying

to every other person in the state, the doctors were with us and every branch medical society endorsed the Bill. Medical societies that I never met endorsed the Bill simply from what doctors said who had heard me speak.

REGISTRATION FOR NURSES IN COLORADO

By MISS MAUD McCLASKIE

In common with our sister states we share the great advance movement which has culminated in the creation of state laws. We are agreed on the fundamental objects of these state laws. The first is the protection of each individual nurse in her well-earned right to be known as a trained graduate nurse. The second is the protection of the public from unprepared and unscrupulous pretenders. The third, which is at once the most difficult and far-reaching in its aim, is to obtain for nurses a more uniform and specific method and standard of training. The difficulties that beset the efforts to administer justice in all departments of law are not wanting in the laws for regulating the practice of nursing. We now depart from common ground to discuss the law in Colorado as it exists with the recent amendments incorporated. We omit detail and outline the policy and the methods upon which we conduct the administration of our law. The state board is composed of five members appointed by the Governor for a term of five years each, and is prescribed for in the word of the law as follows: "Each of the members of said board shall be a trained nurse of at least twenty-three years of age, of good moral character, who is a graduate from a training-school connected with a hospital or sanitarium of good standing where a three years' training with a systematic course of instruction is given, and she should be a registered nurse. Two regular meetings a year are provided for and as many special meetings as necessary for the proper conduct of the duties of the board. The president and secretary are required to make a biennial report to the Governor."

In point of order is the question, "who are eligible for registration?" There are four classes of nurses eligible without examination, viz.:

1. Pupil nurses who are now in training who apply to the board before April, 1909.

2. All nurses who graduated prior to April, 1906.

3. All registered nurses from other states whose law meets the requirements of the Colorado law.

4. All nurses who have served in the army or navy of the United States and have been honorably discharged.

Others are eligible to apply with examination.

It might appear at first thought that the latitude allowed by our law is quite too broad to carry out the objects for which it was called into existence. Provisions for safeguarding this are made by the unusual degree of discretionary power conferred upon the board. Rules supplementing the law are made by the board and may be changed from time to time to carry out the purpose as well as the letter of the law. Under this provision, for sufficient reason, any nurse may be required to take the examination. The application consists of two forms: One is a sworn statement by the applicant containing her name, legal address and a complete history of her educational advantages prior to her training; also a history of all her nursing work subsequent to and including her training. This form is signed by two vouchers either registered or eligible for registration in Colorado. The second form is a statement from the present head nurse of the training-school from which she graduated, merely stating that the applicant possesses a diploma. These are accompanied by the applicant's photograph and the registration fee of $10.00. All applicants who appear for examination are examined by number, and not until the examinations are complete and the final average is obtained do the members of the board, other than the secretary, acquaint themselves for the first time with the name and history of the applicant. This method was adopted to secure an impartial estimate of the applicant's ability to practice nursing.

Through the courtesy of the City and County Hospital of Denver the work of the examiners has been facilitated by having the paraphernalia of a large general hospital for conducting practical demonstrations and the oral examinations. Great opportunity is allowed each nurse to demonstrate her ability to do, as well as to tell. The final average is obtained by the result of the examination, combined with the applicant's educational advantages prior to her entering training, and her nursing experience since graduation. In marking we follow civil service methods, using a weight system on the scale of ten. An average of sixty-five per cent. has been the final passing mark. Of the five hundred and fifty-seven registered nurses, twenty-eight have been required to take the examination. We are accustomed to rely upon our attorney's advice to outline the limits of our discretionary power. Nurses whose applications are complete and are awaiting the action of the board are allowed to practice as trained nurses. Nurses who are practicing as trained nurses and who fail to comply with the requirements of the law are notified in writing to file their application blanks or furnish sufficient reason to the board for failure to do so. Upon continued

delinquency they are notified that they are amenable to the law. Nurses who are expected to appear for examination and fail to do so are dealt with in the same manner. In the revoking of certificates there is little danger of doing an injustice to the individual as it is almost impossible to obtain written charges. As yet we have not been in court and have avoided as far as possible anything of a destructive policy. It has been our aim to obtain compliance with the law and at the same time to bring into harmony opposing elements to subserve the ultimate object for which the law was created, viz., the future educational development of the training-schools.

We have in our law no authority named or implied that would sustain us in an attempt to inspect the training-schools of our state, but during the past two months the training-schools have accorded to a visiting member of our board a most cordial welcome. There has been an almost uniform request for an outline of what the board considers a minimum uniform standard of training for nurses. Suggestions regarding future affiliation have been cordially received. We realize the diverse national elements of Colorado's population and how early in state history we have secured our law.

In so far as we have recognized our local needs we have adopted a broad policy to meet them. We expect to build gradually and securely for the future, and hope to become one of the great unifying elements of a recognized profession.

When all, or nearly all states, have such registration laws that we will be able to advance together step by step, then we will realize more fully how far-reaching and permanent a factor the nursing profession is in our American civilization.

MISS SLY.—The discussion will be opened by Miss Palmer, president of the New York Board of Examiners.

MISS PALMER.—Madam chairman, there is one feature of the work of the board of examiners that I want to speak of particularly, and that is the attitude which its members shall assume towards the training-schools and the nurses coming up for examination. I feel very different about many things to-day, after my four years' work on the board of examiners, from the way I felt at the beginning. We have to take into consideration all the time, and we must for many years to come, the very chaotic conditions that have been existing in our schools for many years, and that are still existing to-day. These schools and hospitals have been an absolute law unto themselves, they have not been called to account by any outside body. They are now being asked to give a report of their method of teaching, the length of time the nurses are on duty, how much instruction the nurses are being given in each branch of nursing, etc. In the beginning I think it is more of a hardship for some of the schools to meet these requirements than we can perhaps realize. Not that

there has not been a willingness shown to meet the requirements of the law, but we know the care of the patient must be the hospital's first consideration, and the training of the nurses has been allowed to become secondary. What we want to bring about by our state registration is an equal consideration of both of these departments of work by the authorities of the hospitals and the schools.

I believe the success of this whole registration movement depends very largely upon the attitude of the members of boards and the inspectors in going into hospitals and making regulations for the teaching and the requirements for registration. I think I cannot emphasize this point too strongly. The attitude must be one of helpfulness, a desire to aid in the development and in every way coöperating with the schools, large and small, giving each one of them every possible opportunity to meet the requirements of the law, without its working too great a hardship upon the administration of the hospital. We must make the nurses coming up for examination feel that it is not the desire of the boards to turn them down, but that it is the desire of the examiners to pass successfully as many applicants as possible.

In New York State, since we have begun our examinations, we have been simplifying our questions at every examination. We began with what we considered a reasonable standard and we have been lowering it ever since, because what we thought was a reasonable standard a great majority of the schools said they were absolutely unable to meet.

There has been much criticism of the kind of schools that have been permitted to be recognized, and undoubtedly there are a good many on our list that we ourselves would like to see cut off. But the attitude of the Education Department is perhaps better than ours would have been, and that is that if we place a school on the registered list, it will give it an opportunity to comply with the requirements of the law and we can give it every possible assistance and all the help the state has at its command and all that the members of the board have from their experience; and then, if it fails to comply after a reasonable number of reprimands, etc., cut it off. I believe, although I did not entirely approve of it in the beginning, that it is the best way. I think we might have had almost an insurrection in New York if we had not had the advice of the Department of Education to guide us and keep us balanced and prevent our rushing ahead and thinking we were going to reform the earth all in two or three years.

One thing that has impressed itself upon me very strongly is the fact that so much of the teaching in our schools, as is shown by the examination papers, is along the line of medicine instead of nursing. For instance, in my own questions last time, I had what I thought was a very practical nursing question, something like this, "Give in detail the nursing care of a case of abdominal surgery for the first three days after the operation"—I haven't put it very well, but that is the sum and substance of it. Out of sixty-five papers that I examined, not more than half a dozen touched on what I call the strictly nursing care at all. Nothing was said about the daily morning care, the respiration, temperature, pulse, the bath, hair, nails, teeth, back, etc., the routine we are all familiar with and that we have been teaching since nursing began; but, almost without exception, the papers were devoted to the emergencies that might arise, the medical treatment which the nurse would be justified in

giving in the absence of the physician and the treatment which the doctor would give when he came. Now, there is something wrong in the way that nurses are being taught in our schools when they come out with the medical idea impressed so deeply on their minds. The one thing which they ought to remember is the nursing care. In answer to a simple question of what is the cause of pus in a wound, I had some splendid answers, but I also had pages and pages of technical terms misspelled, as if they were trying to remember something they had heard in a lecture about the infection of wounds and the different kinds of micro-organisms that produce pus, without really understanding much about wound infection.

Now we have these conditions confronting us and we have to rectify them. As I say, in New York state we are coming down all the time to simpler questions It is not only in my subjects that this lack of simple, practical training is evident, but in all the other subjects. Many a school is turning out nurses who do not understand how to give a dose of castor oil, nor how to make an oyster stew; and it is not the poor schools altogether, either. So we must go into those schools, not in a spirit of criticism, but of helpfulness, and not in criticism of the women who have given their time in those hospitals and come out so badly equipped. I feel more and more every year that perhaps we have been going ahead too fast, that we must give the schools a longer time to adjust themselves to these new conditions.

Miss Sly.—Miss Alline, who is training-school inspector in New York, has consented to say a few words with regard to her work there.

Miss Alline.—Madam chairman, I do not feel that I can give a report, until I have canvassed the entire ground, until I get the work so in shape that I will know myself what I am to do the following year. I have been unable, in the few months I have been there, to cover the state of New York and visit all the registered schools. I have visited over ninety institutions. We had on the list one hundred and six registered schools when I went there; we have on the list now one hundred and eight registered schools. While we have registered a number, a few have dropped back, so that we have only increased the number by two in the six months.

The only guide I had when I went to Albany, was the advice of the Commissioner: "Take your time in seeing what the work is, getting the lay of the land; don't have too much in the way of philosophy for the first work." But when I turned to the work itself, I found so many things that needed prompt action that I found I had to take up the work; I had to talk to the men, I had to tell them what the standards were and how they could improve their conditions so as to come up to the standards. So I had to take up what was already laid out before I could make a real canvass of the entire state. My endeavor will be to cover the entire ground as rapidly as possible in what might be called a superficial way, simply to go into the schools and find out the actual conditions that are presented on the surface, then make some definite plan of action, and go through all the schools with the main points before me. That will be done this coming year, and I hope to spend some time in the class rooms of the various schools. I also hope to spend some time in the wards, that I may know the actual work, practical and theoretical, that is being given to those nurses before they come up for their examination and the R. N. What I have found so far has been very interesting, and I have been cordially received

everywhere. They are very glad to have some one come in from the Education Department and help them obtain what they have been working for practically alone. Besides the definite things that are stated in our requirements as to the length of course, the standard of admission and the course of instruction, we all know that there are many things that go to make up a school that must be looked after with just as much care. How much of that work I could take to the board of regents and explain to them and have them back me up in any definite action upon, I did not know until I had tried. But I think if you will canvass the ground in your states, you will find conditions that are most astonishing. I am sure I found such in New York State. There were conditions in some schools that we could not stand for, no matter if they met the full requirements laid down specifically; as to beds and all of that, they have them, but they are not caring for their nurses in such a way as to make students of them, help them in their work and turn them out as representative nurses in the end. The Education Board of New York is ready to back up anything of that sort and say to a school that it cannot be a registered school unless it met other requirements as well as those that are specified. I have found all over the state, schools that are doing their best to meet all the requirements, meet them fairly and squarely, and those the board of regents has arranged to help to the very limit, it does not make any difference in what respect. But it is a strange thing to note how a criticism sent out by the board of regents to a school will reach every person interested in that school, whether the medical staff, the board of trustees, the ladies' board, or what not. In that way I think we can hope to gain a great deal. We know that the superintendents have long struggled hard to meet those requirements, but they have been in many places practically alone, now it goes beyond them. The reports from the Education Department do not go to the superintendent very often, they usually go to the chairman of the board, the chairman of the ladies' aid, or possibly to the chairman of the board of trustees. In that way it is something that is waking them up in every direction. It would take years to accomplish what has already been done by working through the Board of Education, and reaching directly those who have the power to remedy the faults.

THE RESPONSIBILITIES OF THE REGISTERED NURSE

By HELEN SCOTT HAY

It seems one of life's little ironies that a paper on a subject of such perennial importance and magnitude as the foregoing should be delegated to one who is neither a registered nurse nor of those whose splendid labors have made the registered nurse a possibility, and whose lot, moreover, has been cast in the past years of state registration's storm and stress away from the centres of conflict. For this seemingly audacious undertaking I have two excuses. The first is that the paper will, in any case, serve as a preamble to the argument, a prelude where the interest increases as the end draws near. My second excuse is based on a fact we have all learned, viz., that criticism, suggestion, advice, are always a plenty, possible and impossible, coming from those in the profession and out of it, from those who know least of the subject in hand to those whose study and service give weight to their opinion. And so, since one of the first duties of every nurse is to be at all times the vigorous exponent and defender of the best that registration stands for, it behooves her to get many another's viewpoint than her own. For even the poor argument may not be without didactic value.

Whatever may have been accomplished, so far, in the creation of standards and realization of ideals, to me the title "registered nurse" implies the possession in the highest degree of honor, dignity, and genuine worth, and so in discussing the registered nurse's responsibilities, there comes to my mind that fine old motto "Noblesse Oblige"—nobility imposes obligations—than which there could be no finer maxim for all of us to make our own. First among the newly-imposed obligations, I would mention one of the comprehensive responsibilities of the registered nurse that relates particularly to herself. It would seem a self-evident truth that the registered nurse must be a broad-minded, cultured woman; but are we each one willing not only to *admit* the truth of this statement, but to *demonstrate* the truth of it? Are we willing to put forever behind us that superficiality which is more or less a weakness of the sex, and which, compromisingly and continually, puts forth as our best, the mediocre and half-done? Are we ready to acknowledge that our supposed inability to write and to speak has been really only indolence and indifference? In the old order of things, a shamefully large army of us crept behind our working sisters, regarding their efforts with gratified complacency. Now it is we, individually, each registered nurse,

who must "make good," and demonstrate to a questioning world that we belong unquestionably to the nobility of learning. This implies that all our utterances are pertinent, thoughtful, vigorous; and of the avenues open to us, none presents more splendid opportunities for reflecting credit on ourselves, and our newly-acquired title, as also on our profession, than the publications that are ours to create and maintain.

No carefully selected body of collaborators, no boards of directors nor editors, however able they may be, can make a representative professional journal any more than, in civil affairs, the rule of the few can establish a democracy. Neither can a body with pretensions to solidity afford to shirk the individual responsibility in a question that comes so close to its very life, for on the high character and virility of our publications will, to a large degree, depend the position and prestige accorded to us by that mentor, public opinion, who, whether we choose to recognize its power or not, has much to do with our ultimate failure or success. However good THE AMERICAN JOURNAL FOR NURSES may be, the American Journal for registered nurses must be *better,* and you individually must come to the front determined to help make it so. In every article published there must be evidenced a sound knowledge, and a timely subject; experiences that are worth while; originality that removes it from the charge of having been taken bodily out of our old text-books, and a regard for the recognized rules of composition. Every one of you in five years' experience has that which is worth telling; three-fourths of you, at a small estimate, can put those experiences, or the larger knowledge in good form for publication. Here, also, you may have opportunity for a personal sacrifice that the end amply justifies, viz.: burying your hurt pride over the editor's blue penciling of your contribution, magnanimously taking comfort in this thought, that your sacrifice means improvement, the bringing more closely to perfection of that which we all hold dear, that is, our professional standing. A popular fallacy is that our best contributors have only to sit down with pen in hand, and without effort or solicitation, turn loose their mental activities, when speedily the article is ready for the press. There are a few, perhaps, who can adopt this method. Most of us, unfortunately, find writing the same as any other effort that is worth while, accomplished only by painful labor, and at the sacrifice of precious hours of relaxation. Are each of you registered nurses willing to demonstrate your genius for such hard work, to assume your responsibility of the labor that thoroughness, concentration and constancy mean?

The outward manifestation of the inner culture brings us naturally

to a consideration of the responsibilities of the registered nurse, as related to her profession. In the large problems continually coming up for settlement, the registered nurse will have large responsibilities. Yes, another platitude. But in this connection I would mention first the need of all registered nurses realizing their responsibilities, and the private duty nurse in particular. The subject under discussion may be *a propos* of length of course of training. Every nurse, be she superintendent of a training-school or not, whether or no she can discover in the subject any immediate gain or relation to herself, owes it to every member in her profession, and to every young woman who shall make up its personnel later, to give so important a subject her thoughtful consideration, and to pass her opinion on to those who, knowing well the importance of the issues at stake, and their own finite powers, are nevertheless, forced to make the decision. In the days gone by, sisters, you who have chosen the less public walks of life, have not the superintendents and public workers by dint of hard labor settled many of your difficulties, increased your opportunities, dignified your calling? And is it not time, now, that you reciprocate, and give them at least your opinion on the questions that are so long and so difficult in settling? Opinions valuable, because thoughtful opinions; because representing the points of view of those outside the rank of institutional workers. Opinions valuable also, no less, because thoughtful consideration has given with breadth of view a fine toleration for the opinions not our own, and that regard not as a personal affront the judgment that arrives at conclusions other than ours.

And the second point in the expounding of this platitude, viz.: the responsibilities of the individual registered nurse in the settlement of the big problems, has to do with the great need of intensive and extensive practical and theoretical knowledge of these same problems. A consideration of first importance is this, that the possession of registration laws, and their successful enactment are but the first steps in the beginnings of a large work that will require trained minds, and strong hearts to maintain and carry forward. It has been the few, hitherto, who have fought the battles and "borne the burden and heat of the day." These leaders will soon be dropping out of the ranks. Woe to the state or association that is forced to give important commissions to the untried recruits of the day. And if less than the drill and experience of years of working service is adequate preparation for leadership, then must we acknowledge our aims as poor and mean, as our claims to solidity and worth are preposterous.

Another place where large obligations are imposed on the regis-

tered nurse is in connection with the hospital that sacrifices to personal preference or pecuniary gain the training-school and the nurse. It may be the poor conditions exist because better ways have not been shown; and to such, and there are many, the registered nurse owes it to demonstrate a genuinely missionary spirit, that, having that which is worth while, sound knowledge, good motives and high ideals, she is eager to pass them on to others. And if there is the smallest possible chance for any improvement, it is the duty of the registered nurse to undertake the work. If the good workers confine their efforts to the good training-schools, and turn deaf ears to the second, third and fourth class schools that possess even a very small desire for improvement, then will the betterment of numerous bad conditions be a deplorably long time coming.

I have spoken somewhat of the responsibility of the registered nurse to herself, and to her profession. There is another relation where she has much to do if she would give that beauty and dignity to the title that we all crave for it; that is her responsibility to society. One thing that will most certainly be expected in every nurse that bears the title, is the spirit of altruism—the spirit that, regardless of personal or professional gains—desires to do good to all men for the sake of helping them. No criticism has hurt more, because none has come so near the truth, as that which accuses us, rank and file, of being selfish and narrow. Whatever we may make "Registered Nurse" mean to the public, so far as intellectual or professional standards go, we must each of us certainly demonstrate that we are living that old motto of John Wesley's: "Do all the good you can, in all the places you can, at all the times you can, and as long as you can."

The responsibilities of the registered nurse? They are anything and all things that count for personal, professional and social betterment. They are far-reaching and comprehensive as the opportunities that are hers always everywhere. Visionary? It may seem so, but it is only what the world will require of us, whether or no we are requiring it of ourselves. And instead of our falling short of expectations, let us demonstrate that we are all honestly aiming at the realization of that splendid ideal that animated our leaders when long since they took the first steps that led to the creation of the registered nurse.

Miss Sly.—The discussion will be opened by Miss Mary G. Packard, President of the Maryland Association.

Miss Packard.—Somewhere I have read a so-called poem entitled "Have courage, my boy, to say no." Whether there is a companion piece giving like good advice to girls, I do not know, but possibly that would not be considered worth the effort, as a woman's no is so often taken to mean yes.

In any case, I am opening the discussion following this interesting paper because I had not the courage to say no. I feel that I owe you this much of an explanation, for I believe that I am the very poorest one to speak on this subject as I know very little of nursing conditions outside of Maryland.

We come together to-day, most of us, as registered nurses. What does that mean? Registered nurses, our names on some official register; or enrolled nurses, our names on a special roll; or enlisted nurses, our names on some particular list. To be registered, enrolled or enlisted means to engage and place ourselves on the lists for service, and that is just what we have done, we are on the lists for service. And that does not mean simply the work of nursing, but wherever we as women can use our special knowledge for the betterment of mankind.

A man anywhere, and under any conditions, is expected to be loyal to his country, but after he has enlisted he must be ready to go into the thick of the battle in defense of the right. So we as nurses should be brave and true at all times, but as registered nurses our responsibility is great. We cannot live unto ourselves, what we say and do affects every other registered nurse, and just here is our great opportunity and privilege, as we rise to our best we help every other nurse; and we help make firm the value of our profession. A profession signifies that which we profess to do. If we profess to be the best nurses that there are, then we must be. That is our duty.

As registered nurses we must now exercise our strength to uphold the law and we can do this to the best advantage in our associations. I was glad to see THE AMERICAN JOURNAL OF NURSING come out so strongly and say that it was the duty of every nurse to connect herself with her state association; there is a tendency to think that once being registered the work of the association is over.

As Miss Hay has just said in her excellent paper—state registration is but the beginning of a large work. I am so glad that she has made such a point of the individual action of the nurse. In our associations we do splendid work (or is it that we let a few do the good work), but as individuals too many of us shirk it.

We also have responsibilities in regard to certain public questions, such as sanitation and whatever pertains to the health of the public; and we should not rest content until some suitable method of caring for all of the sick in our community is made practicable. What other profession can show a more rapid growth within the past thirty years? And we are still making history. What we do will be spoken well of, or condemned, according as we do well or ill.

We like to feel that when nurses are spoken of as being noble, self-sacrificing and generous, that it is in such a large sense true, and yet is there not one responsibility due to ourselves and to others that we sometimes forget, and that is to prepare for the proverbial rainy day?

We do not want as a profession to be reduced to living on the ragged edge of things, so to speak, whenever the unexpected occurs. So let us stop and consider: if a long illness or enforced idleness should come upon us, could we individually meet it in a dignified manner?

Ought not this question to claim some of our time and thought? Whether this need can best be met by pensions, sick benefits, or the individual personal effort of each nurse for herself, is a matter for further discussion.

The registered nurse stands to-day more or less as a debutante and needs to be chaperoned and properly introduced. In Maryland the board of examiners of nurses is about to get out a report of its work and this will include the names and addresses of all of the nurses registered in that state. This is to be sent to physicians and to other people as are thought to be interested.

Nurses themselves can do much to give the letters "R. N." value and significance. It is only now and then that we see them used, but should they not be used on all professional correspondence, all official business; and whenever the name is used in connection with nursing? In this way we can educate the public to expect it; so that by the time our sister states obtain state registration it will be the exception to see a nurse's name without the "R. N."

REGISTRATION OF NURSES IN CONNECTICUT

By EDITH BALDWIN LOCKWOOD, R.N.

The present legislative troubles have made so prominent the difficulties of the registration of nurses in Connecticut that a paper dealing with the subject must necessarily give small consideration to the advantages and achievements which in different contrast would not be inconsiderable. The Graduate Nurses' Asociation is proud of its child "R.N." and expects when grown it will be a great comfort, but confesses candidly that to bring it up in the way it should go is a care and trial equal to that of the hen with one chicken. To a state about to adopt as its own a law like our R.N. law we should advise "don't," but for our own-selves we will defend and amend until it is a credit to us.

The advantages of the law are chiefly to be seen in the effect on the training-schools for nurses, nearly all of the eleven chartered schools of the state having made an effort to bring their courses and curricula into conformity with the eligibility requirements, and the idea is obtaining more and more that in the training-school lies the most important field of endeavor. It is the competence of the individual nurse, and the scope of the instruction given in the training-school now, and in the years to come, on which the value of R.N. depends.

The lack of true understanding of its purport is perhaps the most serious drawback to the success of registration, not only the public but many nurses regard it as a union, a measure of protective value to the individual nurse and prohibitive of nursing by others. As an educative measure for the elevation of the profession, it is but little understood. Whether or not the nurse be an "R.N." makes little difference; neither the doctors or the public are demanding them. A few registeries enroll only R.N.'s but the nurses are asking wherein lies the value of registering. The work of the state associations has been along these lines,

having discussed the responsibility of the R.N. in its various phases during the year, but still the great rank and file of nurses and the public do not understand.

The existing law, which was framed by the judiciary committee of the legislature as a substitute for the one introduced by the Graduate Nurses' Association, is deficient in many essential qualifications, due both to its hasty construction and a lack of knowledge of just what was required. The board of examination and registration created by this law has been subjected to severe criticism, both from the public and from the nurses. That the board as a whole has carried out the purport of the law in spirit and in letter to the best of its ability, is without question, but the powers conferred by the law are of such sweeping dimensions as to have brought upon it such appellations as "an iniquitous body," and "a close corporation" and also the charges of being arbitrary and dictatorial in its rulings. Its personnel being entirely of nurses, its decree a finality and the wide scope of the phrase "or such qualifications as the board shall find equivalent" have caused considerable dissatisfaction, and from this dissatisfaction have arisen the three measures for amendment now before the legislature.

The law needs amending. Our present effort is, however, to prevent, if possible, the passage of the measures now before the legislature, holding the law intact, until the next legislature convenes and then to offer such amendments as we have proven needful. If it is impossible to hold the law intact now, we shall offer, or accept, such terms of compromise as, while not materially changing the law, will be consistent with our position and will satisfy our antagonists; then in due time make the desired changes. These changes must embody something of this nature: A lessening of the supreme power of the board; a limitation of the time for the consideration of applications; a proviso for the revoking of certificates for other cause than actual conviction in the courts of crime or felony; a proviso for the removal at certain intervals of certificates, and their being filed as public records; some form of appeal from the decree of the board, or the addition to it of a board of advisory councilors.

These and perhaps other changes we hope to make two years from now; but if, as our opponent threatens, we are "wiped from the face of the earth by his pulling the wires, he has laid in the house," we will hope, though our metaphor be as mixed as his, to rise like the Phœnix bird from the few ashes left from his wire-pulling wipe.

Miss Sly.—Miss Parsons, of Baltimore, has very kindly written a short article on the effect of state registration in Maryland.

THE EFFECT OF STATE REGISTRATION OF NURSES IN MARYLAND

By SARA E. PARSONS, R. N.

The law for the state registration of nurses in Maryland has been in effect since March 25, 1904—just a little over three years. At present we have six hundred and twenty-two registered nurses in Maryland, forty-one of whom are graduates from schools outside of the state. Our state society of graduate nurses is composed of about three hundred and twenty-five members.

The Maryland law is considered to be one of the most difficult to live up to. Nurses applying for registration after June 1st, 1906, being required to have the equivalent of a high-school education and three years' training in a general hospital. Some superintendents have interpreted this to mean that candidates for admission to the school must have had the equivalent of a high-school education, and have consequently been greatly hampered by lack of applicants meeting this requirement. On asking one of the superintendents of a large and successful school if she had any trouble in this respect, I was told that if the applicant had the education that made it possible for her to do the hospital class work intelligently, she felt that at the end of three years' training there was no question but the nurse had had at least the equivalent of the high-school course and was eligible for registration. There are in Maryland fifteen schools of nursing that might possibly be expected to register; three of these are outside of Baltimore.

In order to get as much information for my paper as possible, I wrote to or talked with the superintendents of these fifteen schools. All but four responded cordially and some very candidly. I asked what each one thought personally of the state law; how it affected her school; what changes in the curriculum had been made and whether she knew of any opposition to the bill. I found that the majority of the schools had been forced to affiliate with others to get the necessary variety of experience for their pupils. This affiliation is as yet not an unmixed blessing, though blessing it undoubtedly is; but until all schools have an equally good reputation and secure an equally desirable class of nurses it will not be an altogether satisfactory arrangement. Some superintendents have found a certain demoralizing influence as to discipline, etc., when their nurses leave them for three or four months to serve a term in another hospital; this is particularly true when the junior

nurses are obliged to go out from under the care of their own superintendent. There are five schools that find a decrease in their number of applicants which is attributed to the state law but the quality is better. One of the small schools is ignoring the law and sending its pupils out to district and private duty while in training, according to the conviction of the superintendent and the board of managers, who believe they will train better private nurses thereby and will be of more service to the community. Another small school has struggled valiently during the three years to live up to the state law requirement, but finds it impossible to provide adequate instruction without the revenue derived from private nursing of pupils in training. The law has been unsuccessfully attacked once and there is a possibility of legislative opposition to the bill from people in this community. The universal and pronounced effect of the law in Maryland is a discovery of the defects in the nursing schools and a great activity in line of improvement. No other argument would have convinced some of the managing boards of the necessity of providing proper instruction for their nurses.

The next remarkable accomplishment for the community has been the establishment in Baltimore of a Domestic Science School. The support promised by those hospitals unable to furnish their nurses with instruction in dietetics was the only thing that assured the success of the enterprise, and the state law was the compelling force behind the patronage of these hospitals.

This one result indicates how much the nurses of the future and the public, which they are educated to serve, owe to those who secured the state registration law.

WORK AND OVERWORK

By MARTHA SMITH

It has been said that shallowness is a vice; so when I repeat to you the strong point made by Mrs. Mary Livermore at the Boston Convention, you will pardon a repetition when you realize as I do that there is great depth in the truth and that it forms a strong anchor for everybody. "To work" signifies "to labor." But I want us, as workers, to know that *overwork* is labor and faulty labor in the individual at that. When we hear a person speak of her work, we know that she is doing that in which she is happy and successful,—that which is not outside the range of her capabilities. But when you hear a person say that she is *overworked,* you know that her statement is the measure of her own incapacity: she is surrounded by conditions with which she is unable to

cope. What work really is, is not our theme; but what our understand- of the word is. We wish to agree on a set of terms so that we can arrive at a conclusion.

Let me see if I can bring you all to one point of agreement. Unless I can do this I must reach out for each one's point of view and explain backwards. That would take a very long time. Whether you have an opinion or not on this question of work and overwork, so much talked about, I have, and I am here to try to make it clear to you representatives of hospital training-schools. For when hospitals and nurses are spoken of, it touches each one of us as if the words were spoken of our mothers and our sisters. *Work* is all the detail necessary for bringing forth ideals, ambitions, profits. To overwork is to be imposed on or to impose on ourselves. To say that one is overworked is to state definitely that the speaker is dissatisfied, just as surely as to talk of ambitions and profits is to voice our satisfaction with our own mental conception which leads to things actually accomplished.

We of the nursing profession want all our reinforcement to avoid personality, and shop talk and to live the bigger life that we are striving to maintain. To do this we must stop talking of overwork; it shows discontent among ourselves and creates a tendency to frighten away from our ranks good recruits; and it does not help those who are in the work to keep their hearts light and their outlook bright. Overwork means over-hours, for no one can put more than an hour's work into an hour. The one who can put the most into an hour is not the overworked, but the most skilful,—the one who uses both her body and her mind most accurately. It seems to me that it comes down very clearly to the proposition that overwork means that you are asked to work more hours than were agreed upon or else that in working, something out of the normal goes on in you. Something unusual does go on in you, when it seems to you that you are overworked; but that is your own affair and why appeal for help to something outside yourself? The remedy is in learning how not to overwork even if you have to work ten, twelve, fourteen or eighteen hours a day. Extreme demands on a nurse's energy are unusual and should not be so much commented on.

When it seems to you that you are overworked, it is because you have been asking an impossibility of yourself, according to your present estimate of how many hours and how much work your body can contend with. Even your brain will get tired if you don't understand how to think. Seek an understanding of these things, for as with Topsy, who "just grow'd," the slavery under which we were born has past away. We are no longer in bondage to the amount the nurse before

us did or did not do. We are in a record-breaking period and it has come about by the individual's studying herself and setting herself right. Formerly we used to try to set the family or anybody else right, and here we overworked until we were blind to our own confusion. It is a simple case of the moat and the beam. The remedy lies in studying out the correct way of using our minds and bodies and then attending a good deal more to how we do use them, and not so much in counting hours and beds or in setting other people straight. Many years of experience have proven that a woman with a well-poised mind and body can keep well and what is still more, that she can *develop* during her regular hospital training. So it comes down to the same point—"work" means a normal, right use of the body, and "overwork" means a wrong use of your body, *by yourself*. No one else uses *your* body.

I believe that if all probationers could be taught not to overwork their bodies in ordinary, necessary efforts, the terms "long hours," "close confinement," would pass out of the nurses' vocabulary; and these terms are generally conceded to be at the root of the present problem now before the superintendent of every training-school, "How do we account for the marked falling off in the number of applicants?" We nurses have chosen to do an exacting, fine work; so we should understand that our duties may easily be more exacting than a teacher's or a dressmaker's; but our object is greater: we are aiming to preserve health, or possibly life itself. We are not making a class average or a suit of clothes. Let us get away from commercialism and the hour schedule, that has a tendency to creep into our high calling and look more to those things that tend to enable us to give more and more gracious service; and let us cease to ask for fewer hours. Our work is not based on a scale of time or place. It is where we can be of service and as long as we can be of service. If every woman understood how much muscular action it requires to keep a body clean, she would call a morning's work on the ward a great opportunity to keep free from the unpleasant results of waste in her own system, and name it a pleasant necessity, *not work*. It is necessary to perform a certain amount of muscular work whether you do it making beds, in the gymnasium, or by massage. So well is this understood that with people of means who have been ill and who wish to get out of invalid habits, but whose home conditions and social duties do not permit them to do the work of a housemaid, some form of work is taken up that will not clog the household machinery in any way. I know one woman who, under the doctor's directions, does some laundry work, and another who saws all the wood used for open fires. Both these women work the nervous tension out of

their muscles and most of all bring co-ordination between mind and body. And it is work they do not talk about; when they finish it they leave it in the basement where they did it.

A woman in one of these beautiful Virginia homes said to me once, "Mrs. A., our neighbor, was a nurse but she has 'nervous prosperity' now." I said, "That is a new sickness to me." She continued, "Mrs. A. had always worked about the house before her training, but now she does not have to do a hand's turn, and she has been sick most of the time since her marriage." The complaint comes back, trained nurses do not want to keep the bedroom, and perhaps the bathroom, clean; but when a patient is very ill a servant cannot come into the room; and as the patient convalesces, much of the work can be done by the nurse if she be quick and methodical. She never need be clumsy or untidy, and much of the tension that had unawares crept in during the serious symptom period, with its attendant symptoms—lack of appetite, not very restful sleep, sluggish bowels—would be overcome and in this way the nurse builds up while the patient convalesces. Those who talk of overwork are they who bring upon us, as a body of workers, the charge that "it requires an additional servant if you have a nurse in the house;" or "the nurse's salary is only one of the many increases in expense when there is sickness;" or "there is always discontent among the servants when we have a nurse;" or worse still, "we need some one but it is such a question to have a nurse on our hands all day." Where is the tact we claim, and the comfort nurse? Is our technical education crowding out these elements in our nurses?

To realize that your position in life or occupation does not determine your health or happiness is the *first* point to keep clearly in mind. Your spoken opinion is to the world at large and to the one you are speaking to in particular, your own estimate of your own tactfulness is the *second* point *never* to forget. The only change that can ever be made in your position, occupation, health or happiness, can only be made by your own change of opinion, thus changing your manner of receiving and giving out impressions; and this is the *third* point, and the one which crowns you with success. She only is a woman, with all which that word means, who continually proves herself so by meeting the sordid side of life bravely.

When the comfort nurse comes, it will be when the nurse's greatest pleasure *is* in the greatest of all exercises; this exercise is a mental exercise but it acts on all parts of the body, and stimulates every department of the physical; for if you did this one exercise the unused parts would come into play and the overused parts would be given a rest; and

not until you do according to the Golden Rule, put yourself into the other one's place and then act as you would like to be acted towards, can real prosperity come again into our training-schools, and our ranks be continually reinforced by women of the same quality as Florence Nightingale, and the women who did such splendid work in our own country during the Civil War.

The secret of success was told by Mrs. Mary Livermore at the Boston Convention; her words still ring in my ears. Let me read them to you: "Some five or six years ago I had a friend who was in her last sickness. She came from insane stock, but by great care and unusually wise management she held her own through life until she had almost reached the half-way house between birth and death, when she broke down entirely and eventually passed away. But it was then that the tendency in her system showed itself. She was a very hard patient, insane and strangely insane, with all the animosity in the world against those whom she loved as she loved her very soul, unwilling that they should come into her presence, so violent and unreasonable that husband and children, whose hearts were broken at the thought that she was to pass from them, could not even step inside the door. One nurse came, who gave it up the first day, then another and another and another, until the fifth came, and with this fifth came this little added recommendation in pencil: 'This lady has been very successful everywhere she has gone with very nervous and even insane patients.' She went immediately to the bedside with the face of an angel. She was not what you call pretty ordinarily, but there was that in her face that made her look angelic. As I saw her meet the patient, I said, 'It is all settled, now; all this violence is to cease.' She took her by the hand, and the patient looked up and said, 'Why, I like you—you may stay.' And so she stayed. There was never a moment when there was any violent demonstration. Even the poor husband and children might come in and stay a few minutes and say comforting and tender things, to which they cling among the sad memories of the situation. And all the while the nurse held the situation. When I asked her if it were hard for her, she said she was obliged to keep her mind steadily on her work, and I must excuse her if she didn't talk much with me. So I said nothing more. At the very last the dying woman said: 'Do you know how to pray?' 'Yes!' 'Will you pray with me?' Taking her hands between her own, she prayed so tenderly, so simply, that the dying woman said, 'Stop at the end of every sentence, and let me say it after you.' And they went on together. When she ceased speaking, the nurse said, still reverently, that she had ceased to live."

She understood St. Paul's injunction "to stand." If every one would feel this and have the courage to make the same explanation, a change would begin at once; for, like all changes, it has to come through the individual even if it is trying to change a school or a nation. Do you want to know whether you are on the edge of this condition called "overwork"—"not satisfied?" Examine yourself and see if you are mentally sluggish. If you have not a keen interest in everything you meet, and a willingness to put everything aside when it is time to attend to duty, you are leaning that way. Only with this ability to lay a thing down completely and to take up the next thing just as completely, will your work prosper, and an evenness of health be maintained.

Let me conclude with what may seem a fragment of a quotation, but please do not be too quick to finish it and so let the fine meaning slip: "I count not myself to have apprehended; but this one thing I do," said the great scholar and teacher St. Paul. How humble, a lesson in humility containing the vital truth. Mrs. Livermore finished her story. "I have cultivated the acquaintance of that nurse. A woman of perfect self-control. A woman—I dislike to use the phrase, there is so much cant these days about it—a spiritual woman. A woman who was aware of the higher and holier atmosphere in which a consecrated soul lives; who had no thoughts of anything but to help the distressed, and especially those suffering from psychical sickness. 'For,' she said, 'there is such a close relation between soul and body, you cannot help one without always helping the other.' I rather think that is true. She knew how to draw on the imagination of the disappointed and despairing patients. It is necessary, I think, in order to be a good nurse to be a little better woman than if you were to be a wife, a teacher, a minister, or to occupy or fill any one of the other positions that are open so plentifully and abundantly to woman at the present day, and I have been held by an invalid in my family straight on for forty-nine years in the very valley of the shadow of death, and ought to know something of the value of the nurse, who make the best nurses, and who are likely to be the mightiest and strongest helpers."

Thursday, May 16

MORNING SESSION

After the roll-call at nine A.M., the secretary read a telegram from the California State Association:

"To the nurses of the Associated Alumnæ in Richmond assembled: Greetings and best wishes. California welcomes you in 1908.

"CALIFORNIA STATE NURSES' ASSOCIATION."

THE PRESIDENT.—There is a letter here from Miss Goodrich regarding the Hospital Economics course from which I will read an extract:

"We are so anxious to endow our own Chair at the Teachers' College this coming year. We feel perhaps our profession does not understand that Miss Nutting's appointment was for a larger field than for our Hospital Economics course; that it was an appointment made by the College, and should she for any reason be unable to continue the work, her successor would not necessarily be a member of our profession."

In a letter to Miss Banfield, Miss Nutting begs our Association to make every effort to endow our own Chair. With one of our leading women placed there to carry on the course, it would be invaluable to the institutions all over the United States.

The Bellevue and Allied Hospitals have offered for field practice their free hospitals for nurses attending the course.

This will be a splendid opportunity and give what has previously been lacking—opportunity for practical work. Last year, I did not quite understand it, I thought Miss Nutting's work was to relate exclusively to hospitals, but I find her work covers more, it is for a variety of institutions, not merely hospitals. If there is any member who wishes to introduce a motion that we discuss this and take up the subject, I will receive it.

On motion, the association voted to take up the discussion of the Hospital Economics course.

THE PRESIDENT.—I would like to call on some one from Michigan to tell what has been done there.

MISS DEANS.—MADAM PRESIDENT, AND MEMBERS OF THE NURSES' ASSOCIATED ALUMNÆ: The graduate nurses of Michigan beg to submit a report of their efforts to raise a portion of the fund for the Endowment of the Chair in Hospital Economics at Teachers' College, Columbia University.

At the first annual meeting of the Michigan State Nurses' Association held on March 2, 1905, the late Miss Mary E. Smith, at that time a resident of Detroit, gave a paper on "The Course in Hospital Economics at Teachers' College," which was followed by an earnest, forcible and personal appeal to the nurses to support this measure for the advancement of higher educational standards. She inspired us with a firm desire to assist in establishing this permanent, scientific, normal training-school and as a result the association, as a body pledged itself to raise five hundred dollars or approximately three dollars per member.

When the amount had reached four hundred and sixty-seven dollars, a sister of Miss Mary E. Smith asked permission to subscribe the balance, in memory of her sister.

It is with considerable pleasure and some pride that the Michigan nurses send the message that the pledge is fulfilled and the sum of five hundred and thirty-one dollars, possibly more, will be deposited in the treasury of the Nurses' Associated Alumnæ, for the endowment of the Chair in Hospital Economics.

MISS NEVINS.—Madam president, to use a much abused term, I think that this is the psychological moment for us to take action, in view of the fact that every nurses' association has laid upon its desk every day, applications for

superintendents. It seems to me that this Association can do nothing better than to endow that Chair, and to endow it at once. I am perfectly confident that it can be done. In Philadelphia, the Superintendents' Society subscribed fifteen hundred dollars the other day in about ten minutes.

It seems to me this is a matter of vital importance for women who want to qualify for these positions. If Miss Nutting, who is a representative nurse of our body, should by chance give up that position, there is nothing to prevent the College authorities from putting anybody into it. I am sure that we can get that seventy-five thousand dollars or one hundred thousand dollars by the first of January. It seems to me that the only way to raise the money is to strike while the iron is hot. If we can, we should put a woman who is a representative nurse in that position, give her an assured income, and a good one, so that we can demand every minute of her time, and it is only proper that nurses should stand back of it.

There are of course schemes for doing that. One of the simplest is this: We have at least eight thousand members, some of us say ten thousand. Mrs. Robb, I think, said twelve thousand including the state associations. If every single individual member would give the income from two days' work—we do not care how she gets it—she can give a lawn party, or anything she chooses, but if she will hold herself responsible for the money, well, we will say for the eight thousand nurses, two days' work pledged to this would mean forty-eight thousand dollars by the first of September, and that, with money from other sources, would make seventy-five thousand dollars; and I am perfectly confident that by the first of January, if you all felt about it as I do, and as you ought, we would have our one hundred thousand dollars, and the thing would be done.

Mrs. Robb.—And then the Chair would really belong to us.

Miss Dock.—Madam president, provided we get this money, will the government of Columbia University allow us always to control the appointment? Do universities do that when they have chairs endowed?

Mrs. Robb—In the very beginning, when I had my first talk with the president, I told him that this body of nurses had made a great effort to raise the money to endow the Chair, but that we must understand distinctly whether that would place the control of that Chair in the hands of the college, and he told me that we would control the appointments.

Miss Davids.—I want to say, in corroboration of what the last speaker has said, that when a chair is endowed in a college or university, it is endowed with whatever stipulations the people make who endow it, and the endowment is accepted subject to those stipulations.

The President.—I will now close the discussion. Please state in what form you wish to put your motion.

Miss Ahrens.—Madam president, as graduate of this course I feel that I must say something. Every nurse here, although she may not want to go and take this course herself, ought to feel it a privilege to help other women to obtain this opportunity, so that they may be better fitted to go out and teach nurses, because the women who teach, are the ones who make the profession what it is. It seems to me that each state can do as Michigan has done, and then turn the money over to the National Association. In regard to Illinois, I pledged Illinois at the Superintendents' Meeting for one hundred dollars. It has been suggested that each alumnæ association pay out of the treasury

ten cents per capita, and then make an appeal to the State Organization. In that way we would reach those who are not members of the state associations as well as those who are. While I pledged only one hundred dollars there, I feel almost sure that I could pledge at least another one hundred dollars for that Association.

THE PRESIDENT.—Do you put that in the form of a motion?

MISS AHRENS.—Yes.

MISS PALMER.—I think it would be interesting if some of the state officers present would state the attitude of their state associations. I would like to call on the president of the New York State Association.

MISS DAVIDS.—I feel sure that the New York Association will be glad to make a good contribution.

MISS DAVIS.—I would like to tell these people of the attitude of Massachusettts. The president pledged one hundred dollars for this at the Superintendents' Meeting, and I have no doubt she will be able to pledge more when she gets back, because I know we have a lot of money in the treasury.

THE PRESIDENT.—I am very sorry that I have to close the business session. You can take the subject up this afternoon, if you wish to discuss it further.

MRS. FOURNIER.—Madam president, I take pleasure in seconding the motion of Miss Ahrens that we refer it to the state associations.

THE PRESIDENT.—Is it to be referred to the state associations with the idea that they raise the money?

MRS. FOURNIER.—I will embody in the motion that they raise the money.

THE PRESIDENT.—Do you want to do this, leave it to the individual association, or do you wish a committee appointed here to keep in touch with the state associations that the money may be brought to one central fund?

MISS NEVINS.—Madam president, I think that is too indefinite, this is an alumnæ affair. We must make it an individual affair to get the money and get it at once. If we leave it to the state associations, it is not going to be done. We have all got to pledge ourselves right here, this morning. We must see it through, and see it through to-day in the way of pledges. There is no woman here who cannot pledge herself to a certain amount of money. That does not necessarily mean that she will pay that money herself, but I feel sure that in every town and county of this country the money can be raised.

If we turn it over to the state associations, they are not going to take it up. Let us take it up this afternoon and end it.

At this point the president closed the discussion.

The motion of Miss Ahrens to refer the matter to the state associations was then put to vote and lost.

NURSING CONDITIONS IN THE SOUTH

By MARY L. WYCHE

Knowing little of the many hospitals scattered throughout this broad southland, a medical directory of the United States and Canada, though not the latest edition, was procured. In the unorganized states, three hospitals each, in different parts of the state were selected, and circular letters sent to the superintendents of nurses. Some thirty or more letters were sent asking for information. Scarcely knowing what I wanted, except in a general way, only a few questions were asked. From this guess-work correspondence three letters were received. Wherever there was a state nurses' society, the secretary was interviewed, and, with only one exception, an answer has been received. Now, do we want to see ourselves as others see us? Or from the narrower standpoint of a nurse? Shall we consider the private nurse, or the pupil nurse and her superintendent as well? A glimpse at each in her surroundings and difficulties will be interesting. This paper deals with cities and towns, for as yet the villages and vast area of country are undeveloped.

First, let us consider the supply of graduate nurses in the various sections as compared with the demand for their services, and then how others see the nurse, how she sees herself, etc. In the reply to my questions as to the supply and demand, only one nurse in one state wrote that in her judgment the supply was quite as good as the demand. She did not say, however, that this supply included nurses, good, bad and indifferent, and the untrained, as well as the trained. One said that the supply and the demand were about equal. All of the others stated that the demand for good nurses far exceeded the supply, with the exception of times when there was little sickness. In many instances the imposter and the untrained nurses are kept constantly busy; sometimes because there are no others; some say she is cheaper; then again we are told she is just as good, or she is liked better. The climatic conditions in some instances, prevent even the strongest nurses from continuous work. This necessitates a greater number of nurses in proportion to the population. This lack of competition allows the nurse to be so independent that she can pick and chose her cases, as well as the physician, refuse a call whenever she chooses, and decline contagious diseases altogether.

The prices paid graduate nurses range from twenty-one dollars to

thirty-five dollars a week. In one city, I am told, that, when two nurses are on one case, and work twelve hours each, they receive twenty-five dollars per week, while one nurse alone, working sixteen hours or more, gets thirty-five dollars per week. A bright little Canadian nurse told me that the field for nurses was much greater in the South than in Canada. She said the southern people were educated up to the needs of a nurse, and that southern women would not do for themselves what they were able to pay someone else to do, while the Canadian women would not pay for what they could do themselves. Consequently, the nurses received in the latter instance only eighteen dollars per week, against thirty-five dollars in the former.

Peep at the "special" as the pupil nurse sees her, laying aside the thoroughness of training-school days, and leaving her diet, kitchen and lavatory work for the pupil to do. She, the pupil, is often asked by the patient, "Where is my nurse? When will she return?" while the nurse is still on duty. The crying need of the hour is a better understanding, and a closer relationship between these two classes of co-workers. When they fully appreciate the need of mutual aid, harmony and coöperation to carry out their own interests, the golden rule will be more in evidence. Why cannot we have two or three nurses on our training-school staff of lecturers? They know a nurse's needs and could suggest some way to avoid a shipwreck on the sea of perplexities. As the graduate nurse sees herself let loose from the training-school, with its military discipline, she feels free, but much perplexed to find a boarding-place, should she locate in a small town. If she nurses contagious diseases, many families and boarding-houses will not take her at all. In her quarantine she need not be surprised to be requested by the neighbors to close the window on that street, but alas! the room has no other window. This quarantine may come, when one would most like to be out seeing friends, and taking an active part in some special occasion, yet she must do her duty and attend to her work. If, on the contrary, her lines have fallen in more pleasant places, and money accumulates much more rapidly than in the few years past, or ever before, she soon learns to love and admire the beauties of the homes of wealth and fashion, and ere she knows it her bank account is gone, and she is not able to take a much needed rest, or to bear the expense of a long illness. When called to take cases in quick succession, she declines a call now and then, people criticise her severely, when she alone knows the few hours of rest that have come to her for many weeks past.

The call for competent nurses to fill hospital positions, school infirmaries and to do district and sociological work, is far greater than can

be filled. This scarcity can readily be accounted for by two causes, first, the small salaries paid, as compared with the flattering outlook of the private nurse, and second, the heavy responsibilities, varied duties, and close confinement of these positions—work that the regular training-school does not fit one for. The pale and tired superintendents seen in a recent trip south, showed overwork. Such a break-down can be seldom foreseen or avoided in the rapid growth of many institutions and in their methods of caring for the sick. Many cannot remain long in one place before a change of work or a breakdown is inevitable. Most of my correspondents have stated that lack of harmony among the nurses themselves, and of loyalty and enthusiasm in the profession was the greatest drawback to the advancement and uplifting of their own interests. Many do not use the title R.N., even those mentioning and bemoaning this fact forgot to use it.

A nurse needs an occasional snapshot of herself, for her own scrutiny, to see her manners or lack of manners, and phonographic record of her tone, which might force her to exclaim:

> "Wad some power the giftie gie us
> To see oursels as ithers see us."

In some pictures one cries, "A saint I see with voice and touch that soothes and inspires with hope." We need more of a professional character, "That ingrained regard for standards and ideas, for special knowledge and special skill, which marks the professional man and his readiness to put the claims of public service and of intrinsic excellence of performers above considerations of private or personal gain." The pupil nurses need a home apart from the hospital proper, more room for relaxation and social life. A place for music and laughter, without thought of disturbing a nearby patient. If this is denied, a corner drug-store is frequented.

The training-schools of North Carolina have adopted a three years' course. I am not able to state whether the majority of the schools in other states have taken this step.

In the various answers to my inquiries as to the comparative value of the two courses, there has been a diversity of opinion. Some think two years quite enough in small hospitals, others the reverse. All agree, that with three years' training better work is done, and the hospital the greater gainer. I think there is no tendency to return to the shorter course. Some think the scarcity of probationers is due to the lengthened course. The increase in the number of training-schools is another probable cause for this shortage. The three southern states that have

state registration for nurses were among the first to secure this act, they being passed in 1903 and 1904. The bills as they now stand are of such a high grade as to arouse many training-schools to give a better course of lectures and to do more thorough work. Some schools write that they are willing to make any change necessary to render their graduates eligible for registration. Private sanitariums are willing to affiliate with other hospitals, if by so doing they can help solve the most difficult problem of their work—the nursing. In North Carolina we are still hoping for the establishment of a preparatory course for nurses at our State Normal and Industrial College. This course is to be adopted by all the training-schools as a part of their three years' course,

THE PRESIDENT.—Miss Cabaniss will open the discussion of this paper.

MISS CABANISS.—I have been doing nursing work about twelve years in this vicinity, and am a southerner. By south, we mean all south of the Potomac.

There are three conditions that probably control nursing work in the entire south, that we have to combat to make any headway. One is our remoteness from the professional centers of activity. This is the first time that we have been able to get a larger gathering south of the Potomac than our own State Society, and it is very hard to absorb all of our inspiration from books. A few of us have been courageous to venture beyond our own boundaries, but this is our first experience with a large nursing body, and the experiences it brings.

Another condition is a lack of multi-millionaires in the south. Our hospitals are small and employ few nurses, and there is a lack of proper accommodations for them in many instances. Many hospitals do not provide homes for their nurses at all, but they are housed in the building, not in a separate wing, but sandwiched in where space can be obtained for them. Poverty again confronts us in procuring proper teaching for pupils, particularly in regard to dietetics and massage. The chivalry of southern men comes to the front in lectures offered by the doctors, but at the same time the southern appreciation of pleasure comes in, and sometimes the medical staff excuse themselves to keep social engagements and postpone the lecture until another day, when it cannot always be aranged.

The instruction is sometimes given by the superintending nurses, and the graduates; that is perhaps ideal, but we have not yet attained the ideal standard in that particular.

Another condition to be combatted, is the climate of the south. We cannot have long working hours and do good work. I am reminded of a statement made by Miss Maxwell soon after the Spanish-American war. She had been on duty with a corps of nurses at Chickamauga.

While the Government had accepted the services of the volunteer nurses, it had provided no accommodations for them, and when they landed at Chickamauga, they were left sitting for hours on their trunks under their umbrellas.

There was no camp assigned them, and only by personal effort did she obtain accommodations for them, and each one of the government officials placed some obstacle in the way of her getting such accommodations.

She said the man who vexed her the most, who was the slowest, the dirtiest,

the most tiring, was a Massachusetts man, and she realized that perhaps he had been a true New Englander when he crossed the border, but that in a few weeks after, under the influence of the fleas and mosquitoes and the heat, he had out-Heroded Herod, and was worse than the natives.

Lassitude is not particularly the fault of the southern people, it is the climate which brings it out; when we go into another climate, we are more active, possibly, than the Canadian or the New Englander.

That gives you some idea of the fact that we cannot have long hours and do our best work; and with that question of poverty, how can we provide properly for a large corp of undergraduate nurses?

Then we have the temperament of the southern man to contend with in our training-schools. Our old chief, Dr. Osler, in my training-school, could not bear to inflict lectures on nurses because they were women; he was British. The southern man carries this idea to a greater extreme.

He objects to the discipline of women; he indulges his sisters and daughters, unless it interferes with his personal plans, when he is as exacting as any one of the extreme north. With that problem to contend with, it is very difficult to practice good etiquette and ethics, and that is one reason why nurses that are graduates of the larger hospitals who come to cast in their lots with us as superintendents in training-schools are dissatisfied, and have not the courage to battle with the situation.

They are charming gentlemen, but they do place obstacles in the way of the rigid discipline of nurses.

Our system of training nurses is not over twelve years old in the south. While it is so young, I say with pride that I think we have done fairly well considering all the difficulties in the way. There is a lack of organization, there being very few alumnæ associations. There are one or two in Kentucky, three or four in Virginia, and I do not know of any other organized alumnæ anywhere in the south, which makes it very hard to carry forward any progressive movement.

When we attempted state registration in Virginia, it was done through the personal appeal of the Richmond nurses to secure the coöperation of the nurses of the state, because the first thing that was asked in the Legislature was, "Is this a handful of you women, or is it your profession asking for this measure?" We had to send out through the length and breadth of our rather large state and secure a representative of every section, or letters written from every section, so that we could give a guarantee to the Legislature that we were not a handful trying to work a hardship on the many. We are very much scattered and that is another difficulty; here is a town of fair size, and in a couple of hundred miles there is another; so it is rather hard for us to get it touch with each other, and we only accomplish it annually at the State Society meetings.

There are one or two unique conditions in the south, and I mention them because I hope something will be brought out before we adjourn as to whether they exist elsewhere.

One is a point which Miss Wyche dwelt in her paper; in a case of extreme illness, where probably two nurses are required, the family may feel that they cannot pay twenty-five dollars a week to both nurses, but they can raise a little more than the twenty-five dollars. I have been applied to frequently by nurses to know what should obtain under the circumstances, whether one nurse who

felt herself strong and able-bodied, should continue the care of two patients at thirty-five dollars a week because the family could not pay fifty dollars. I understand that a nurse's charge for eighteen hours' duty is twenty-five dollars a week; if there are two patients, and she can only do eighteen hours' work, why should she get more salary for the same duration of service? I have never been able to decide that.

So the argument I have always urged upon them is this, "I think that your health and the future of your career is worth just as much more to you, very much more, in fact, than thirty-five dollars would be; you can do a certain amount of work properly, and give that to two, four, or six patients, as you would in a ward, if there is an epidemic in the house where you are, but I fail to see why there should be this extra charge for service for the same length of time."

But I think it is fairly customary in a community for a nurse who attends more than one patient to accept thirty-five dollars a week, if it is offered to her. I would like to know whether that condition exists elsewhere.

Then there is one novel feature in Texas, that I have never heard of anywhere else. The University of Texas has conferred the degree of Doctor of Nursing on the superintendent of nurses in its hospital, which gives her, even in the remote south, a position on the faculty and professional recognition.

We have had a great deal of trouble in my immediate vicinity, though it exists elsewhere, in getting the registered nurses recognized, and in getting the laity to have a true appreciation of the title "Registered Nurse."

Sometimes the financial condition of the family, sometimes personal preference on their part, makes them willing to have a dismissed pupil, an ex-probationer, or a good experienced old nurse, rather than a registered one. I am not prepared to say, whether it all hinges on the personality of the individual in question, or the preference of the individual or of the family; but certainly in some communities it is the non-registered nurses who are preferred, when the registered women are left holding their hands.

Our state board is having made a washable badge which we will request all registered nurses in the State of Virginia to wear when on duty. It will at least agitate the question, what does it mean, and why do they do it? It may bring out some intelligent explanation, something the public can appreciate at all events, and in that way we hope to have the true stamp recognized, but it will come very slowly, and it is doubtful whether all of the women will agree to placard themselves.

Miss Nevins.—I suppose there is no question in the minds of any present as to who has stood at the head of the nursing profession in the south for the last twelve years.

The President.—We have the very great pleasure of having with us to-day the Reverend Caroline Bartlett Crane, of Michigan. Mrs. Crane, as I suppose you all know, is very much interested in some questions of public health of the community. She is President of the Civic Improvement League of Kalamazoo, Michigan, where she has done much to improve conditions. She is particularly interested in the almshouses, and has been instrumental in introducing nursing service into those neglected fields.

ALMSHOUSE NURSING: THE HUMAN NEED; THE PROFESSIONAL OPPORTUNITY

By CAROLINE BARTLETT CRANE

It has been a beautiful journey, from my home in the north to this sunny southern land. To glide round the magnificent curves of the Alleghanies clad in their luxuriant yet tender green; to revel in the glory of hawthorne and dogwood, of laurels and azalias and rhododendrons; what an experience for one who left the maples tentatively putting forth a few curled-up leaves, while the oaks and sycamores were still asleep! We have all had a beautiful journey hither, garnering vistas and experiences that will remain with us. And there has been time, perhaps, for each one of us to gain some perspective on the life she has left behind; to see—as we do not always see when we are in the midst of it—how good life is to us; how precious our home, our friends, our work, our trained powers of usefulness; our ability to influence the course of events, to bring to pass what we desire for ourself and for others. Life, even with its burdens and troubles, is so good, and it is a beautiful thing to be alive—so much alive!

And now I want to turn your thoughts back to some of the people we left behind, that the world has left behind; persons with no home, no work, no importance, no influence, no future; with no power whatever to help themselves—yet in desperate need of what you women here assembled are best qualified to give. When you return to your homes, I entreat you to visit these pathetic people segregated from your community, and learn for yourselves whether what I am to say to you of "Almshouse Nursing: The Human Need; the Professional Opportunity" is true. Your profession, born of the desire in good women's hearts to effectually minister to the sick poor, still gives proof that this initial impulse is by no means spent. Still it is true, as in the days of Florence Nightingale and Agnes Jones and Amy Dutton, that many women choose the profession of nursing not primarily because of its financial returns, but because the work of alleviating human misery is to them the most attractive work in the world. And there are many to whom sickness, when associated with destitution, makes the compelling call.

Hence I appeal with confidence to the Nurses' Associated Alumnæ of the United States in behalf of the suffering and neglected sick poor in the county almshouses of the United States. I shall hope to show to

you another great field of work lying side by side that of the visiting nurse; to make you hear a call more insistent, more piteous, more tragic; that you may set your hearts of compassion and your brains and hands of trained service toward these friendless sick poor whom society segregates and—forgets. What I shall have to say today is unfortunately true of almost all the smaller almshouses of our country. The state of Massachusetts offers notable exceptions, and in New York good progress is being made toward bringing the small county almshouses up to something near the standard of the large city or state institutions for the care of the homeless poor. In a few other states there is some progress, but I believe I am speaking in strict truth of at least ninety per cent. of the county almshouses of this country when I say that the sick inmates are inexcusably neglected; that there is an appalling amount of preventable suffering; that contagion runs riot; that many persons die who, with proper medical care and nursing, might recover; that many more are permanently invalided and made county charges for life who might have been cured and returned to the ranks of self-supporting citizens. To better appreciate the situation in our almshouses to-day, let us first glance back to that time, fifty years ago, when Dorothea Lynde Dix was going about preaching and working deliverance to the captive insane in our poorhouses and jails; the most wonderful, the most brilliant, the most Christlike achievement of philanthropy, as it seems to me, ever wrought by any one person in any age. Dorothea Dix, supported by the more intelligent alienists of America, revolutionized the treatment of the indigent insane all over America and well nigh over the civilized world. She was the founder of twenty great state asylums for the scientific and humane care and cure of the indigent insane who formerly were hidden away in jails and poorhouses; many of them in cellars, in closets, in outhouses, in stone caverns, without fire in winter, without the most elementary provisions for decency, manacled and chained and treated in all respects precisely as if they had been wild beasts.

But—and this is the point of my reference to Dorothea Dix—see how naturally her appeal for state rather than local care for the insane was followed by a general movement for state care of other classes of almshouse inmates. For you must know that, within the lifetime of some here present, the almshouses of this country were the one refuge not alone of the indigent aged and infirm; they were the dumping ground of all sorts and conditions of helpless humanity; the destitute insane, as we have already seen; and also the blind, dumb, epileptic, idiots, and—destitute children! Even wayward children and adults

who committed minor offenses against the law were sometimes sentenced to the almshouses in punishment. All the human flotsam and jetsam which couldn't take care of itself; counted by prosperous persons as troublesome or nothing worth; all the people we didn't like to see around, we used to shut up together in the poorhouse and confide them to the care of hired keepers, and think no more about them!

Ah, when the pessimist tells you the world is growing worse instead of better, point him to Dorothea Dix and to the faithful unremitting labors of those who, in her spirit, have served to lift one class after another out of this desert of neglect and slough of vice and misery. Show him all our public institutions for the humane and scientific care and cure of the insane; our schools for the blind, the deaf, the feeble-minded and the epileptic; our state public schools for dependent children; our homes and training-schools for wayward children; our houses of correction for adults; and say to the pessimist: This is what our states are doing for their helpless and disadvantaged ones, and for insubordinates. True, we have not yet room for all; it takes time; it takes patient effort to get the necessary public appropriations; but this is what we are doing as fast as we can do it! And of all that motley assemblage of human beings who were once carelessly consigned to oblivion in the county poorhouse, presently none will be left except—the aged and infirm! The aged and infirm poor! Add to that phrase two adjectives: Homeless, friendless poor old men and women: these are—and will become more and more—the great body of our almshouse population. All the other classes of inmates are being removed, to be treated not on the basis of their destitution but upon the basis of their needs. The insane destitute person is no longer treated as destitute but as insane, the state assuming his care. We do not now hear the term "pauper insane" in connection with our asylums. The blind destitute person, child or adult, is treated not as destitute but as blind, and made a ward of the state. And so with the deaf, the feeble-minded, the epileptic, the curable consumptive, and dependent children; each is treated not on the basis of his destitution, but on the basis of his special need.

And I ask, is it right that our aged and infirm should be solely excluded from the benefits of this humane movement, still to be treated not on the basis of their needs as aged and infirm persons, but merely on the basis of their dependency? If a blind poor child has the same basic needs as any other blind child, and if it is right that society should supply those needs, how is it that a sick poor person shall not have those fundamental requirements as to care and nursing which are indispensable in the case of other sick persons? Of all the classes and kinds of destitute and vicious who were once promiscuously consigned to the poor-

house, these, the aged and infirm, remain as the irreducible minimum, the irremovable residue, of the poorhouse population. And hence they remain the pitiful victims of an antiquated theory about poorhouses, which is, that paupers should be thankful for anything they get—a variety of that popular maxim that "beggars musn't be choosers"—and that, besides, the almshouse *must* be made as unattractive as possible to keep people from flocking thither to live at the public charge. The effect of this theory—only too consistently acted upon—is that the respectable poor suffer vicariously for the people who are supposed to be kept away, and that the thought of going to the poorhouse stirs in them an overweening terror; that they go only as the last resort, often conducted by force, and literally "weeping" as "over the hills to the poorhouse they take their weary way."

They go there to spend the remainder of their earthly days; feeble at first, to grow more feeble through advancing age, lack of employment and interesting event; sitting day by day, looking at blank cheerless walls, and blank cheerless faces, and a blank cheerless future. Here is the fertile field of senile decay, of body, mind and spirit; the elect abode of a cheerless, comfortless, hopeless, suffering old age.

Some day the old man or woman takes to bed. It may be a clean and fairly comfortable bed in a decent room. Then, again, it may be a very hard and filthy bed in the cellar. It is called "the basement," but being five feet under ground, you and I would never know it from a cellar. And all this will depend, alas! not on the public vigilance that this and that shall be thus and so: the public has no knowledge or care about it unless there happens that rare event, an almshouse expose. It will depend mainly upon the kind of keeper and matron hired by the kind of superintendents of the county poor named by the kind of supervisors we elect. And so long as we elect our supervisors not with reference to their fitness to supervise, but with reference to their position on the tariff and the policy in the Philippines; and so long as they appoint their subordinates on the same general plan, the almshouse poor may consider themselves fortunate indeed if this system secures the right man and woman to preside over their humble fate.

I need not trace the wretched ebbing life day by day, month by month, year by year, as so often it is dragged out; "as if," to quote another, "Nature hates to make a grave unless she knows it will be watered and kept green by tears." You as nurses know only too well what *must* happen, even where keeper and matron do their utmost, as in the majority of cases I believe they do. But they are not nurses, and they have abundant duties besides the care of the sick. Consider how

much of the bedside service must be left to feeble, stupid or vicious inmates; how appetite disappears with the lack of any attention paid to the sick diet; how bedsores come, and stay; how the long nights drag on, with the keeper and matron and servants locked in their apartments a thousand miles away! It was but a few weeks ago that, in a poorhouse, an inmate arose in the night and murdered a sick man who disturbed his sleep with cries for water. There are many deaths in the night. Is it strange if once in a while in the dark night, alone, there should be done a murder by some exasperated man upon one whose life society holds of such infinitesimal worth? And when release at last comes in death, if the departed has any friend on earth to claim him, there will be a funeral service. If not, then those terrible words of Noel's, which we think of as pertaining to the long past, are too often literally true of to-day:

> "Rattle his bones over the stones;
> He 's only a pauper whom nobody owns."

Who dare think of the cruelty to the living, the murder of their self-respect, involved in their witnessing this unceremonious disposition of the body of a comrade, without a prayer or any office of religion, and knowing that a like fate awaits themselves? I think if this thing were generally known, and if it were also known that but very few almshouse inmates enjoy the privilege of Sunday religious meetings, it would rouse the public conscience in revolt even when the lack of provision for comfort to the sick fails to do so. But there is much more to be said of almshouse miseries. In enumerating the many classes formerly consigned to the county almshouse, but now cared for in state institutions, I said that there is not yet room nor money enough to take care of all. To-day in almost every county almshouse there are to be found some or all of the following classes represented: epileptics and feeble-minded for whom there is not room at the state institution; crippled children, for whom many states make no other provision; adult blind persons; children and young persons destined for the state juvenile institutions, whose diseased condition forbids their entrance to these places. And they are sent to the poorhouse, where is neither hospital, resident physician nor nurse, to be cured! Then there are little children placed there temporarily while a home is being sought for them; and often this temporary residence stretches out to many months. Add to these the homeless girls who, becoming county charges, are sent to the poorhouse to give birth to nameless babes; the convalescents taken from the expensive hospital to the cheaper poorhouse to complete their recovery, if

they can; the chronic or hopeless cases of consumption, cancer, paralysis, locomotor ataxia, syphilis, ophthalmia, and so forth, that are sent to the almshouse not because they are aged and infirm, but simply and solely because they are abjectly sick—yet sent to a place planned apparently by a christian scientist in whose bright lexicon no such word as sickness exists; and you may have some proper idea of the need of trained nursing in these almshouses of ours.

The simple truth is, that *the county almshouse is a hospital with the hospital part left out!* Babes, born friendless into the world, disowned by father, abandoned at birth by mother, contract gonorrhœal conjunctivitis and are blinded for life, because nobody rightly knew the danger nor how to cope with it. Where medical attendance is seldom oftener than once a week, and where there is no one with either training or leisure to carefully follow out the doctor's directions, it is small wonder if such things happen. Tuberculous patients innocently scatter infection at will. Victims of ophthalmia use the family towel; and seldom indeed is a pair of rubber gloves to be found on the premises. Said the matron of one of the largest institutions in our state: "No, we don't need rubber gloves, because I make the inmates do all that sort of thing." "But will they not get the infection?" I asked. "Oh, you needn't worry about *them,*" she answered comfortably. "Besides," she added, "I give them bichloride tablets to use." This same matron, it developed soon afterwards, was given to binding and beating feeble-minded women, and to shutting up troublesome old men in a room alone to die. And she had requested a surgeon to see to it that a certain patient, who, she said, "was no good to himself or anybody else," did not come out from under the influence of the anæsthetic. The functions of nurse were bound up with those of matron in the person of this woman. Probably her husband, the keeper, was correct on the tariff.

I have endeavored to portray to you the present almshouse situation; the great number of infirm and sick; the admixture of other classes such as epileptics, crippled children, and other sick children, and of well children who in such a place need to be most zealously guarded from sickness; the total lack of hospital provision; the lack of consideration as to fitness in employing keeper and matron; the resulting lack of continuity and efficiency even when all concerned do their best; the total lack of public concern. This is the situation; and it will remain the situation for a long time to come unless there is volunteer initiative towards improvement. Some day it will all be different. Some day all these various classes, now but partly separated, will be entirely lifted up into state guardianship. Some day every able-

bodied vagrant will be sent to a workhouse, and the almshouse standard of comfort will no longer suffer because of him. But by the time all these things have happened, let us hope that all county almshouses will be things of the past. In their stead will be these same buildings, perhaps, converted into *local state hospitals under state management and control,* with all politics eliminated. We shall have, in these local state hospitals, the scientific and humane care of the indigent aged and infirm, not on the basis of their accidental indigency but on the basis of their fundamental needs and rights as human beings. We shall also have some proper classification of the aged and infirm. A group of, say, four almshouses in four adjacent counties will admit of something like this: In one, all the respectable aged couples (who at present have to be separated), and other decent and respectable old people who have come to the almshouse through no special fault of their own, and whose enforced association with worn-out tramps and prostitutes is one of the most cruel things about our present system. In a second house can be placed this latter class. (We will suppose the persons in both of these houses to be, while feeble, comparatively well.) In a third house can be placed those who are ill from ordinary diseases, either chronic or acute; while the fourth house might accommodate those suffering from diseases especially dangerous or offensive to others. The present admixture is a source of much suffering to both the sick and the well. The former are shunned and are often placed in remote parts of the house where the sights and smells, and the outcries of pain, may not trouble others. As one matron explained to me the uses of a room, vacant but for a single bed, in the top story: "You see, horrible old cases—both men and women—come here to die, and we simply couldn't endure them around the house; so we put them up here." The room was entirely bare but for the bed. There was no electric bell. nor other apparent means of summoning help. This is cruel; but the alternative of placing them in the dormitories or rooms of the other inmates is hardly less cruel to the latter. Some day all classes will be cared for according to their needs. The state will do it, and will forget that it was ever otherwise. But in the meantime, until the state will act, and until local prejudice and jealousy can be overcome; what can be done to help the situation as it exists to-day, and must exist, it is to be feared, for years to come?

Well, how did we come by the visiting nurse, that angel of mercy in the homes of the sick poor? Did we, seeing the need, go and ask city councils and boards of supervisors for appropriations to pay for this work, and then go home and sit down in happy confidence till the

appropriations were granted? No; women's clubs and other women's organizations have raised the money and have thus made it possible for members of your profession—essentially, by the way, the woman's profession—to do this merciful work. But these sick persons have a home, however humble; and in this home are other members of the same family. There are neighbors on either side. There is power to summon help against inhuman treatment or neglect. And wherever there is a home, there is some inclusion of the things the heart hugs as dear: the little loved possessions; one's right to to one's own queer little ways; one's undisputed title to "Mr." and "Mrs." not "Blind Joe" or "Maggie," or "Auntie." Oh, they are little things! But *are* they little things, after all? Have you, visiting nurses, found that the homes and home ties of the poor are less to them than to us? The mission of the visiting nurse is indeed a blessed one in the homes of the sick poor. But shall we find the mission of the almshouse nurse less blessed among those who are in the almshouse only because they have no home, no friends, and no hope?

Being, as I trust, a practical person, I have a plan to propose to your consideration: A plan which involves close coöperation between your state associations and the state federations of women's clubs throughout the country; a plan which already is in successful operation in my own state of Michigan. We have a joint committee on Almshouse Reform, composed of committees appointed by the Michigan State Nurses' Association and the Michigan State Federation of Women's Clubs, and this is our plan which we are just getting into successful operation: The part of the joint committee which represents the state federation of clubs will select from time to time such counties as we believe to be either most in need of our work or likely to be most hospitable towards it, and will there concentrate its efforts, aided by the women's clubs of that county, to induce the board of supervisors to install a trained nurse in the almshouse. In cases where the board of supervisors will not consent to the instalment of a nurse on account of the increased expense, the federation committee will endeavor to raise the funds for an experimental installation of a nurse, for a few months or a year, hoping that the unquestioned advantages of her services will be the best means of converting both supervisors and taxpayers to the extra cost.

Wherever a nurse is to be installed, it will be the endeavor of the joint committee to secure an arrangement whereby the appointment and supervision of the nurse shall rest with the state nurses' association, through its committee which constitutes one-half of this joint com-

mittee. The nurses' committee will also, where permitted by the county authorities, make suggestions as to plans for building new houses or remodeling old ones to better accommodate the needs of the sick.

Our plan embraces, also, the systematic visiting of the almshouses of the state, by local committees of women, probably to be appointed by the county federation of clubs. The purpose of such visitation will be to better understand the needs of the almshouses, and to assist the authorities and the personal management in doing all for the inmates that should be done. We wish to encourage the providing of suitable employment for the idle and lonely hours of the feeble and crippled, and to increase the homelikeness of these institutions, where there is need of improvement in this respect. Our plan embraces two features requiring legislation, for which we earnestly request your approval and help. The first is, such a modification, where necessary, of the present law as will make women eligible to appointment on boards of management of county almshouses. The second is the inauguration in all the states of a system of county boards of charities and correction, one-half of the members of which shall in each case be women, these boards to work under the supervision of the State Board of Charities and Correction, and to report to it all work done. In the states which already have these boards, great benefits have resulted.

It is my conviction that this work must be inaugurated by private initiative and probably by means of unofficial support. The women's clubs will, I believe, undertake to provide the initiative and procure the financial support necessary for a trial of almshouse nursing. But you must provide the nurses, and it is best that you should (by means of state committees) appoint them and supervise their work. The club women are not competent to do that, and the county supervisors are not competent to do it either. We want the best trained and most conscientious nurses to be had; nurses who will realize that the success of this effort will depend mainly on them. Time will not permit of my dwelling at length upon "the professional opportunity" which this plan opens to you. But it will mean thousands of new positions where in the smaller almshouses each nurse is head nurse, and will experience a call upon her utmost resources of ability, training and character. At the same time, the great variety of chronic cases—the cases in which the hospital training-school is most deficient—will constitute a post-graduate opportunity of great value in fitting the nurse for private practice. I believe that arrangements can often be made with neighboring hospitals to send nurses in training for brief terms of service in the almshouse, to the great advantage of both institutions. The salary for almshouse

nursing will probably be equal to that of the visiting nurse, and the settled abode and the ability to control the environment of her patients is an advantage not likely to be disregarded by the profession.

Ladies, there is in every community a more or less clearly defined "standard of living" below which no human being should be allowed to fall. Your profession is doing as much as any one great force to awaken public consciousness to lapses below this standard. Let me entreat your utmost influence, collectively and as individuals, for a more humane standard of living and dying, in that last refuge of the fallen and the unfortunate—the almshouse. Shall the hospital care which is granted to the sick murderer in our prisons be denied to the sick pauper in our almshouses? Shall the pauper die in darkness and alone when the murderer goes to the gallows with his spiritual adviser at hand, and with due respect for his "last wish" and his "last word"? Truly it must seem to these unfortunates that the only crime, unrelieved by a pulse of public pity, is to be friendless and poor.

Suppose they have been "to blame." Even so, the day for reform is past. And if we but remember how much better we have fared in this world than strict justice would prescribe, it may serve to make us compassionate towards these pathetic victims of a misspent life now so hopelessly at our mercy. But many of these poor people are just as good people as you or I; it is misfortune, or, at worst, a lack of thrift, which has brought them to this extremity, after lives of decency, sometimes even of refinement, and of consideration in the community in which they lived.

But, good or bad, our almshouses are no longer penal institutions, and we have no business to be talking of deserts, but only to see to it that in our capacity as guardians we comport ourselves as civilized persons. If we have a sick dog, we either cleanse its sores, and see to its needs, or we put it out of its misery. Our consciences rightly revolt at the latter alternative for any human being, however sick or miserable. How then can we escape the other alternative of rationally and humanely caring for these helpless charges upon society. Some day all these wrongs will be righted. Happy then will be the case of each man and woman, who, looking back, can truly say, "I helped."

THE PRESIDENT.—Mrs. Crane makes an earnest appeal to us, and I hope it will not remain just a work spoken and then forgotten. I will ask Mrs. Lupinski, of Grand Rapids, to open the discussion on the paper.

THE PROFESSIONAL OPPORTUNITY

By MRS. L. J. LUPINSKI

Life in its truest and highest sense must be and is growth and development. Beginning with the lowest animal forms revealed by the microscope, which simply take in through their surfaces the nutrient and oxygenated fluids coming in contact with them, we pass through many changes in our progress towards a more prolonged, and higher life. We regard as the highest life, that which, like our own, shows great complexity in the correspondences, great rapidity in the succession of them, and great length in the series of them, the equivalence between degree of correspondence is unquestionable. What is true of individuals is, as well, true of organizations. A society content to live the life of a protozöon, absorbing its nourishment from its environment, and giving nothing to the world in return, is of no real use, and has little reason for existing. On the other hand, the society which is constantly on the outlook for new fields of work, quick to respond to the opportunities which are from time to time arising, ready through its many members to become vitally connected with the various problems of the day, sensitive to the coming changes, that always cast shadows however faint, so that those who have eyes to see can make note of them and be ready to help in their advancement; such a society has the best of reasons for existing. It lives because it must. Life is there, the life which shows itself in growth and development. Like the seed that responds to the warmth of the sun and the moisture of April days, so it must respond to the spirit of the Master and reach out helping hands wherever there is need.

The Michigan State Nurses' Association most truly has this spirit of life and is endeavoring to show it forth in practical results. If each society represented here to-day is as much alive to the philanthropic need of the times, and is as ready to accept every professional opportunity, we shall be a mighty power for good. At our annual meeting a year ago, Mrs. Caroline Bartlett Crane, to whom you have, to-day, had the pleasure of listening, presented this same subject. She touched a chord in the hearts of her hearers which vibrated in unison with the ideas she advanced. We felt that here was a field for work, and we ought to enter in and take possession if possible. Here was a new point of contact, which if responded to, would help to develop the higher part of our nature, for we surely would have to go forth in "His Name" and do

the work in "His Spirit of Love." Perhaps some of us may have felt a little chagrined, that we had been so blind to existing conditions, and were so ignorant of the facts stated, but having been shown the need that those in our almshouses have of our trained care, lovingly administered, we were ready when the call for coöperation came to meet it. At the request of Mrs. Crane a committee of three was appointed from our state association, to form, with a committee from the State Federation of Women's Clubs, a joint committee, to be known as the committee on Almshouse Reform.

The members from the State Federation of Women's Clubs were not appointed until their annual meeting in October. Our first joint meeting was held in Grand Rapids, November 1, 1906. Mrs. Caroline Bartlett Crane was chosen chairman and Mrs. Hugo Lupinski vice-chairman. Plans for work were presented. After full and free discussion of these, the work for each committee was definitely outlined. The one from the State Federation of Women's Clubs has as its work the working up of an interest among the local clubs, in the condition and needs of these almshouses; through these club women to interest the public, and thus create sentiment in favor of bettering conditions; to interest supervisors and others connected with this county work and make, if possible, a place for a nurse; as they learn the needs, and the attitude of the counties toward this work, to decide where work shall be done, even going so far as to pledge the salary of a nurse for some months if necessary. These women, realizing that no one so well as nurses, with their years of training, could look after the professional part, left that wholly in our charge. We are as much as possible to have charge of the nursing department, employ or recommend for employment the nurses, have some supervision over their work, and listen to all complaints from all sides. In this way the nurse in charge will feel, that so long as she is doing good work, she has the backing of two state societies, one representing the philanthropic needs, the other the highest professional standards. We are also, as far as possible, to look over plans for any new hospital or hospital wings in connection with these homes. This seems quite an important part of the work as so many cases of specific disease are found in them, and so seldom attention is paid to their having separate bath and closet. There are, as well, many little details in arangement that at this time can be made more perfect with little or no added expense, but which will save many steps and much time.

At this meeting my own county and the adoining one of Muskegon, were the ones chosen in which to begin our work. The first, because some things in connection with the management of its almshouse made

us think the time might be propitious for the working out of our plans; the second, Muskegon, because a new home was being built, and the club women, through a talk given by Mrs. Caroline Bartlett Crane on The Proper Care of the Indigent Aged and Infirm, were thoroughly aroused. In her address she asked the women to ask for a wing for hospital purposes and to promise to equip and furnish it. This they did. After meeting with many disappointments, but holding firmly to the end in view, they succeeded in gaining their point, and have a very complete hospital wing. They hope soon to have a nurse in charge.

In my own county there has not been so much accomplished. The club women agreed to furnish the salary of a nurse for six months, or more, if the supervisors would allow us to put one in on trial, but this did not meet with their approval. One of the members from the State Federation Committee had, previous to the forming of the joint committee, been working for a hospital on our county farm, and had reached the point where an architect had been asked to prepare a plan. After our joint meeting we went to his office and looked the plan over. We found him very willing to listen to the suggestions offered. They were few for the plan was a good one. But this like the nurse met its "Waterloo" at the hands of the supervisors. We are not at all discouraged, for we have created sentiment in our favor, and have started some of the people to thinking along right lines. The place where we met with unexpected disappointment was, in the finding of nurses to fill these positions. When it seemed as if a nurse might be needed in my county, each member of our committee was asked to help in finding a suitable one; I wrote to several places where it seemed as if results might be obtained, spoke to nurses in my own city, and asked them to speak to others, and as a result had one applicant. Why is this? It has been suggested that perhaps the smallness of the salary, fifty dollars per month, had something to do with it. I hope this is not the case. While at first thought the salary may seem and is a small one we must look at it from other points of view.

The purely commercial one, while necessary, is not the ideal one and does not tend toward the best results for our profession. Life does not consist alone in the things we have, but very largely in what we give to others. Again, we must look at it from the standpoint of the official, and be lenient in our judgment. We must consider the years when a hired helper, or a practical nurse with a salary half as large has seemed to the official all that was desired; the political feeling that by adding what may seem to those who put them in office unnecessary expense to the county, may lessen their chance for re-election, and the lack

of incentive to get out of the beaten path. With all this haven't we made a tremendous gain if we get even fifty dollars? This same point of view, seems to me, ought to be considered in connection with all positions of this kind when old prejudices have to be met and overcome. In doing the correspondence for our board of health, which has just placed a trained nurse in care of its contagious hospital, the same difficulty was experienced. I sincerely hope that the many able women here may find some solution of this most vexing problem.

If these committees on Almshouse Reform can through their work break down deep-seated prejudices, change the old routine of thought, that the people going to these county homes, for the most part deserve nothing better than they are receiving, overcome the political opposition, and make the chance for the nurse to prove that she is able to do all that has been claimed for her, ought the matter of a few dollars more or less to be weighed in the balance?

See what she has gained aside from the money value,—a wider sympathy, a greater capacity for tenderness, kindness, and all the Christ-like qualities, the happiness that comes from unselfish living, the knowledge that the days have been brighter and the nights less long and lonely for those whose life at best is but a dreary waiting. Is this not worth working for? Then she has opened the way for others, she has demonstrated the need these almshouses have for the service the trained nurse alone can give. In fine, she has made for herself a place and instead of being *persona non grata* has become a necessity, and as a necessity can command her own salary.

I wish I could tell of greater results, but it augurs well for the future, to have ideals which we are striving for, to have had our minds clarified by opposition and discussion, to have a definite goal in view which we feel sure in the end we shall reach. Our failures can be made stepping stones for our advancement, and to make haste slowly often brings best results.

The President.—I will ask Miss Dock to say a few words on this topic.

Miss Dock.—Madam president, I am glad to say a few words, because I think it is a glorious proposition, and I would like to express the admiration I feel for the Michigan nurses, for what they have done, and the splendid line of work they have embarked upon. They have brought here Dr. Crane; she is well known as one of the foremost civic reformers in the United States; I saw her written of the other day as the foremost woman civic reformer in the country. I think this work shows that the great line of Florence Nightingale, and the Deaconesses is not dying out. This is work for our state associations, and will you forgive me if I say that at the last state association that I went to, I won't say where it was, I had a strong suspicion that our state societies

needed to have more work to do, they do not seem to be overburdened with work that is big, and I hope that they will take this up, and confer with the women's clubs and other organizations throughout the United States.

It is certainly a disgrace that these old people are neglected. We have read of how they were neglected in the old British almshouses, and then that was repaired; and now we know it is the same in our county almshouses to-day.

This motion has been brought to me: I move that this association endorse the action of the Michigan Association and that a committee be appointed to bring about coöperation between the nurses' associations and the state federation of women's clubs throughout the country for this purpose.

THE PRESIDENT.—Many of our state associations have as one of their objects to further the efficient care of the sick. I wish it was so in all of our associations, and that it was being lived up to.

We have been asking the state to recognize us as the nurses of the state, asking for state registration, when the state confers upon us that privilege, and says, Go forth, we declare you nurses to be fitted to take care of the sick of the state, we must be able to take the responsibility, and say, We are not only able, but we are ready, to care for all the sick of the state. Now, *are we ready*, and are we ready in our state associations to take up this work? Mrs. Crane has come here and made the plea to us, she not only has made the plea, and shown us the conditions, but offered us a very practicable way of changing those conditions.

It lies in our hands in great measure. We can work with the federation of women's clubs, and we think we can work through the state boards of charities.

In some states, as in New York, we have a State Charities' Aid Association, with branches all through the counties working hand in hand with the hospitals, ready to coöperate with us, if we do our share. Nurses of twenty-one states, are you ready to endorse this movement?

MRS. GRETTER.—Madam president, I feel that this reform does appeal to the hearts and minds and sympathies of every nurse. As Mrs. Crane says, we have an individual moral responsibility in bringing about this reform, and I feel sure there will be a united action on the part of the nurses to bring it about. Until every man, woman and child has the benefit of trained, skilled nursing, the noble aim of our profession will not have been fulfilled.

MISS KERSHAW.—Madam president, may I say a word for the visiting nurse? We find that this is one of the questions which is coming up all the time, the absolute necessity for the trained nurse in the almshouse, even in the comparatively small city. The comparatively large cities have them in the middle states. We certainly need trained care for the sick poor in the almshouses.

Miss Dock's motion was then put to vote and adopted, and in pursuance thereof, a committee was nominated from the floor and elected.

MRS. CRANE.—Madam president, I think it will interest you to know that I have been permitted or invited to speak upon this subject from the point of view of the club-woman at the biennial convention of women's clubs in Boston, in 1908. Then I shall endeavor, if possible, to get them to appoint a committee in each state, to coöperate with your associations. But you will be a year ahead, so you will be able practically to go ahead in the work and have suggestions to make to those committees. I hope you will, because I think the

most practical work will have to come from the nurses. The women's clubs will help to sustain the work financially, but the successful conduct of the work must lie largely and mainly in your hands. I want to say what a pleasure and privilege it has been to me to look into your faces, and to have the kind and hospitable reception you have accorded me.

On motion of Miss Nevins, Mrs. Hunter Robb, of Cleveland, Ohio, was asked to represent the National Alumnæ at the Paris Conference.

AFTERNOON SESSION

The Convention was called to order at two o'clock P.M.

The following invitations were read:

The Alumnæ Associations of Chicago and the Illinois State Association of Graduate Nurses cordially invite the National Alumnæ Association to hold its annual meeting in Chicago in 1909.

Signed by the delegates of the alumnæ associations and of the state association of Illinois.

The Minnesota State Nurses wish to repeat the invitation given last year in Detroit—to hold the Associated Alumnæ Convention in the Twin Cities in 1910.

The National Associated Charities hold their annual meeting in Minneapolis, Minnesota, next month, beginning June 12. The day previous, June 11, has been given to the nurses. The Minnesota State nurses will act as hostesses on this occasion and send a cordial invitation to the nurses of this Association to be present. The program has not been announced, but something interesting is promised.

THE PRESIDENT.—At Philadelphia last year we had a very interesting conference, especially of the district nurses, and there was one session given on the program to the care of the sick, that was also done at Portland the previous year. These meetings are especially interesting to the district nurses who can avail themselves of the opportunity of being present.

You know last year we accepted the invitation of the California nurses to meet in California in 1908. Now it rests with the California nurses, represented here, to say in what city in California we shall meet. We would like to hear from them.

MISS FITCH.—We will invite you to meet in San Francisco.

On motion, duly seconded, it was resolved that the Association meet in San Francisco in 1908.

THE PRESIDENT.—We will now continue the discussion of this morning.

MRS. GRETTER.—Madam president, this motion has been handed to me to present to the Association:

"Resolved, that a committee of three, with Miss Deans as Chairman, be appointed to receive money, or pledges of money, during this meeting for the Hospital Economics course."

As Miss Nevins stated this morning, this is the psychological moment for action on this question. I was delighted to hear that fifteen hundred dollars had been subscribed by the superintendents at their meeting in Philadelphia last week. The superintendents of course can do a great deal towards developing interest in raising this sum among other people than nurses, but it is not

enough to have the superintendents interested alone, we must have the active interest and the coöperation of every nurse in the profession. There is not one of us who is not in a position to give or pledge something; every one of us can make a direct plea to at least a few nurses and in that way endeavor to raise an enthusiastic interest on the part of many. I think that the nurses should endow this chair. By giving to each nurse the opportunity of sharing in the responsibility of raising this fund, we will be using the most effective means for raising the standard of education. We want one hundred thousand dollars, but we want, above all else, to develop in our profession that spirit which shall be keen to serve and quick to grasp every opportunity for furthering true education. The object which is before us, because of its high aim and universal character, furnishes us with one of the best opportunities to develop that spirit. We ought to secure to it the coöperation of this great national body of nurses, and in time enlist the interest of every individual member of the profession throughout the United States.

Miss Rhodes.—I will pledge myself for five dollars for it to-day, and work for more.

Miss Nevins.—I realize that none of us can be members of all the many organizations that have come up in the last few years in connection with nursing, that we have a great many demands upon us, we have our journals and dues, and many feel, I am sure, and have stated it, that the demands upon us are too great, that too much is asked of us. But I do not know what we have that can come nearer to us than furthering the interests of nurses the world over, and I am keenly interested to-day in seeing what can be done in this great old Association for this teachers' college course, which is for every one of us and the future, and to me it is of prime importance at the moment. I do not think we should leave it to the state associations, or the alumnæ associations, but I think that every individual nurse should feel an interest in the matter herself She can go home and devise means for raising five dollars or fifty dollars In Washington we wanted to do something, I think we only had about fifty dolllars, and a few nurses got together and opened a little fair, with refreshments—cakes and tea and so on—and they made one hundred and fifty dollars with apparently no effort whatever. I am sure that any nurse, or organization, or part of an organization, may say right here, "I will give one hundred dollars for that course," and not know where they will get it, but you will find means to raise it. I know that after going home and thinking over things they don't seem the same to us as they do when we are here, so let us pledge ourselves for it now. I think we ought not to take up much time of the Association about this when we have so many papers before us, but just as quickly as we can get on our feet we should be ready to say, "I will give three dollars, five dollars, or ten dollars, or any sum any nurse thinks she can give,, and at the end of fifteen minutes I think we will have a large sum of money. I think the thing should be done right now.

Miss Palmer.—I want the two delegates from Rochester to stand with me for a hundred dollar pledge from the nurses of our city.

Miss Packard.—Madam president, there will never be a time in the nurses' organization when we do not know what to do with our money. The nurses of Maryland have, during the past year, contributed in the neighborhood of one thousand five hundred dollars for the relief of tuberculosis in Baltimore,

and I know of other organizations that are busy doing things of that sort. There are fifteen nurses from Maryland here to day who pledge themselves for ten dollars each and will form themselves into a committee when they go back to get more.

MISS AHRENS.—On behalf of some of my friends who love the Association, I want to pledge one hundred dollars for the Illinois Training-school.

MISS NEVINS.—The Johns Hopkins Alumnæ, who feel a great deal of interest in this matter, pledge one thousand six hundred.

MISS JOHNSTON.—I would like to pledge twenty-five dollars for the local association of Indianapolis.

A MEMBER.—I would like to pledge one hundred dollars for the New York nurses.

THE PRESIDENT.—We had better appoint a committee to take down the names and amounts. If we are determined to make these pledges, we might as well stop right here and have the motion voted on, then we will have the committee ready to accept the pledges and money. The motion was that a committee of three be appointed, with Miss Deans, of Detroit, as chairman, to receive money and pledges towards the Hospital Economics course.

The motion was put to vote and carried.

Misses Nevins and Alline were elected as the other members of the committeee.

MISS SLY.—Madam president, the question has been asked by a member from Missouri as to the limit of time when these pledges must be paid.

MISS NEVINS.—We realized that it was impossible in a great many associations to get at this at all before the autumn, and for that reason January 1st was made the limit of time.

The following subscriptions were then made in meeting:

Protestant Episcopal Alumnæ, Philadelphia	$100.00
Kings County Hospital, Brooklyn	50.00
Presbyterian Alumnæ, New York	200.00
Alice Fisher Alumnæ	100.00
Minnesota State Association	100.00
Virginia State Association	200.00
Alumnæ Association, Hope Hospital, Fort Wayne, Indiana	25.00
Pennsylvania State Association, one hundred dollars and as much more as they can raise.	
Maine General, fifty dollars, the delegate pledging herself personally for twenty-five additional, and as much more as she can raise.	
Graduate Nurses' Association, Connecticut, fifty dollars, the delegate personally	10.00
New England Hospital Alumnæ, Boston	25.00

The delegate from St. Luke's, Chicago, states that her association has already pledged twenty-five dollars yearly for the support of the chair, and thinks it can raise that to fifty dollars this year and as much more as it can after consultation, but she thinks she can promise fifty dollars this year and twenty-five dollars yearly until the endowment is completed.

A DELEGATE.—Personally I pledge twenty five dollars, I prefer to take the matter home to my association before pledging them.

New York State	$200.00
_____	200.00
Illinois State	100.00
Children's Hospital, San Francisco	25.00
Miss Sweeney	25.00
National Homœopathic Association, Washington, District of Columbia	100.00
Blessing Hospital Alumnæ, Quincy, Illinois	25.00
Garfield Hospital, Washington	50.00
Columbian Children's Hospital, Washington	100.00
Wesley Hospital, Chicago	50.00
Hospital of Good Samaritan, Los Angeles, California	25.00
Battle Creek Sanitarium	50.00
New York City Training-school	100.00
Miss de Cue, Buffalo	10.00
Indiana State Association	100.00
Salem Hospital Alumnæ, Massachusetts	50.00
Grant Hospital, Columbus	25.00
Lakeside Hospital Alumnæ, Cleveland	50.00
Germantown Hospital Alumnæ	25.00
West Virginia State Association	50.00
Hospital of Good Shepherd Alumnæ, Syracuse	25.00
German Hospital, New York	25.00
Mt. Sinai Training-school, Alumnæ, New York	100.00
Missouri State Nurses' Association	300.00
Allegheny General Hospital, Alleghany	50.00
Bellevue Hospital, Alumnæ	500.00
Bellevue delegates	25.00
Massachusetts State Nurses' Association	100.00
New Hampshire State Association	50.00
St. Luke's, Richmond	25.00
Sixteen members John Hopkins Alumnæ	600.00

MISS NEVINS.—If there are no more alumnæ associations, or state associations, or any associations, whose delegates feel entitled to pledge anything, how many of those present will give one day's work, three dollars, which is less than most of you get? Will you all rise? (Large number rise.) Not to take up any more time this afternoon, will those individual members who have pledged please give the pledge to the chairman of the committee before you leave the hall this afternoon?

THE PRESIDENT.—The Women's Hospital Alumnæ of Philadelphia, which is not a member of our body, pledges twenty-five dollars.

THE BLAZING OF NEW TRAILS

By THERESA EARLES McCARTHY

We have traveled a long way toward our Promised Land; through the valleys of Doubt; over the streams of Prejudice, and upward on the mountains of Progress. The way has been no common or garden path. Numerous and great have been the obstacles blocking our advance. We have known the discouragement of delay; thirsted for sympathy and hungered after encouragement. The hot sun of unjust criticism has spared us not, and our spirits have been chilled and dampened by indifference. Our leaders are women who have not only our own admiration and gratitude, but the honor of the whole world. With complete capability; an unselfish willingness to accept responsibility; resourceful; self-reliant; meeting difficulties with cheerful confidence and sound judgment, they have led us on. With entire fearlessness, their feet planted on solid earth, they have toiled onward and upward, leaving broad, well blazed trails for us to journey over. The story of our advance, under the leadership of these gifted women, reads like a romance. In little more than a quarter of a century we have reached the Heights. Let us pause in our work of road clearing and glance back over the way we have come.

What a panorama meets our gaze! The valley of Doubt, which was as a desert is blossoming like the rose from the seeds of Love and Faith, we planted and nourished there. Over the streams of Prejudice, which we have bridged with the true steel of Confidence and Ability, we see thousands of our fellow-workers crossing; and on the mountains numerous fresh trails are being blazed by those spurred on to new achievements by the example of our leaders. From our vantage point we can see how unnecessarily difficult are many of the paths. Surely that of the pupil nurse needs much correction. There have been few improvements and much abuse of this way, since we passed over it. Only a few of the ruts, caused by the lack of uniform instruction have been removed, and the chuck holes of overwork are still strongly in evidence. The guide posts, marked Ethics and Professional Responsibility, are not even glanced at by the tired, hurried travelers. Besides, the wording is somewhat blurred, indistinct and difficult to understand without example and explanation. And oh! so many are stumbling on, up that trail. Women, who bring to the struggle youth, health, strength, education, refinement, disinterested love and the essential spirit of self-sacrifice.

The uneveness of this road seems almost unpardonable neglect. Many have turned back, discouraged; others struggle on, broken in health and spirits. It is pleasant to see the steady advance in strength and numbers of the fortunate ones, who walk in the comparatively level paths, but our hearts rebel against the spirit of commercialism which pushes others back into the ruts—the long hours of "double duty;" the inferior quality of food; the "double deckers;" the incompetent superintendent, devoid of all professional spirit, whose sole aim is to save money for the institution and thus keep her position; the haphazard lectures masquerading as curriculum. Is it any wonder that many who have begun to journey over this trail with noble ideals, come to regard nursing as merely a bread and butter problem, and possess no more idea of the "noblesse oblige," of their profession than if they had studied in a correspondence school for nurses? We cannot afford to lose so many workers, nor is it profitable to permit those who are succeeding in coming over the trails, to be so little prepared for the work before them. It is our duty to repair these roads. Let us consolidate and level them with the macadam of state registration and inspection of Training-schools.

The trail of private nursing! We may avoid it and yet reach the Heights, but if we do, we will have missed something that no other trail can teach. Not only of privations, physical discomfort and shattered nerves, but a view of mountains and canyon; lake and river, color and breadth and height that are indispensible if we are to aid in the blazing of new trails. It is indeed a difficult one. Some parts of it are almost impassable and it is largely an up-hill, dusty climb. Its travelers are exposed to many changes of altitude and great variation of temperature, and strength of heart, mind and limb are as essential as strength of character to those choosing the way. This will never be a smooth, easy path, but many of its difficulties may be removed by attention to the guide posts, "Ethics and Professional Responsibility." As we look back, how easy it is for us to see that most of the failures and almost all of the weariness and discontent may be traced to the failure to observe and obey the precepts they point out. And it is *not* because those on the trail deliberately turn their eyes from the signs they should follow; it is *not* because they are wilfully indifferent to their own welfare and that of their companions. The woman who successfully journeys along the trail of private nursing has far too much of the Divine spirit of self-sacrifice in her character to merit this reproach. It is because they do not realize what an important part their own work bears to the whole plan. They have not been taught the meaning of community of interest and "one for all and all for one." They do not under-

stand that we have undertaken to prove to the world that not only do we consider it our duty and blessed privilege, but that we are capable, prepared and determined to take no mean part in the world's work: not only in caring for the sick and helpless of body of all classes, but also the diseased of mind and soul: not alone in preventing the spread of disease, but also in preventing the increase in crime. We must make this plain on all our trails. Blaze it in deep with love and patience, that all may see and point out to other followers, who will aid in making perfect the way. It is most encouraging, this view of the paths over which we come. We must use the lessons it teaches in fortifying and broadening out the trails that have brought us here and in the blazing of new trails. For although we have traveled far and the summit is in sight,

> "A battle's to fight ere the guerdon be gained,
> The reward of it all."

The glance backward is encouraging but how thrilling and inspiring to look forward and see what an enormous territory the experiences of the past have prepared us to cover. The successful beginning of many new trails are evidences that this preparation has not been in vain. Settlement work, district nursing, the care of the defective, the dependent and delinquent, in fact all forms of philanthropic and sociological work are among the new paths. We must prepare ourselves well and be worthy of the new responsibilities they bring. It matters not what trails we take, so long as we work together. We must perfect our organizations and be loyal to them. The difficulties will have no terror for us, but we are in danger of losing our way if we wander off the trail or lose sight of the glitter on the trees, made by the blaze of our leaders which reads "Ethics and Professional Responsibility." Let us waste no time, but hurry on to the fulfillment of our hopes. It is a journey of love and sacrifice, and the labor of it is not only for the morning hours but for the noonday and the night, and for all times, all places and all occasions.

THE PRESIDENT.—The paper is open for discussion, if you desire. If not, if there is any new business to bring before the Association we will take it up now.

MISS JAMIESON.—Madam president, there is a matter which is of intense interest to the western nurses, and while it may not seem important to the eastern nurses, I beg that you will try to get our point of view. I will first read my motion and then speak about it.

I move that it be the sense of this meeting to instruct the board of directors to recommend such amendment of the by-laws of this association as will provide for the admission of local organizations maintaining desired standards of eligibility.

In the west we have many eastern nurses, we have many graduates of first-class schools who have come west. They never care to go back east. Some stop in Indiana, others go on to Montana or Dakota, or perhaps as far as California. These nurses are absolutely away from their regular organizations, and the western nurses are not organized. Fully twenty per cent. of the nurses of Minneapolis and St. Paul have no connection whatever with the local alumnæ, and they earnestly desire that such action shall be taken by this body as will give to them this representation. Ten years ago, when this body was organized, the only available organizations were the alumnæ; it was born at Baltimore. Now this infant, born at Baltimore, is ten years old, and has developed into a good-sized child. But in the years to come should there not be a development that will mature her into a broad, wonderfully open-minded woman, if I may still use that figure? Has not the time come when we shall not be known by the schools we graduated from, but as registered nurses? Physicians and lawyers are never known by the schools they graduated from, but by their standing in the community. Why should not local organizations with as high standing as the alumnæ associations be admitted into this body? Our by-laws will have to be amended, but why should we not broaden out the circle of this alumnæ society? Why should we not become a representative body of all the nurses, not simply representing the schools but representing the nurse body as a whole?

I will not take up more time, because there are many who can speak on this. I hope the eastern nurses will see what it means to be out west and not have the inspiration that comes from this body—not that they are unable to come, but they are not interested. I never knew there was such a body until I learned it through our county body some years ago, when we were anxious to send a delegate, but we found she could not vote. It does seem that the time has come when this association should broaden out and not think only of schools, but of nurses who are broad-minded and have gone out to help develop new territory. We find that nurses from Minneapolis and St. Paul have gone further west, and they have organized county associations. No longer do the doctors ask, "What school do you come from?" They ask, "Do you belong to the county organization?" Our standard is so high that they ask no further questions.

Miss Rommell.—Madam president, we had some trouble with the wording of this motion, but we want you to understand that what we want is to have representation from our local organizations, and that such change be recommended by our directors next year.

The President.—The way of affiliation can be worked out through the by-laws by the board of directors. The maker of this motion asks that the association instruct the directors to recommend such amendments as will provide for the admission of these societies. The kind of membership and the way they do it of course would be left to them and established in the by-laws. The idea of the motion is just to make a beginning in some way towards the admission of these local associations.

Miss Kershaw.—Are they not members of their old alumnæ associations, even if they are in other parts of the country?

The President.—In some cases that is so, of course, when they retain their membership in their old local alumnæ association. But the idea of the

motion is that an alumna, whether she retains here membership in her local alumnæ association or not—in some way may become a member of this National Association. This is an association of alumnæ, we can admit graduates of training-schools, if we so choose, without their belonging to their own local alumnæ association; our name would cover them as it stands. I wish to say that I am very much in favor of this proposition. I was for a long time a member of a local association of nurses who came from different parts of the country and were banded together in a city where we could not keep in touch with our alumnæ associations; I was a member of my alumnæ association but I could not attend the meetings, and in order to keep in touch with the nurses' work I had to belong to the local association; and I understand and appreciate the feelings of these nurses and their desire to be affiliated with this national body, and I do earnestly hope that some means may be found for their affiliation. We do not want to keep any out who are of the right sort.

Miss Jamieson's motion was then voted upon and adopted.

SOME URGENT SOCIAL CLAIMS

By L. L. DOCK

It is a long time since I have had the pleasure or privilege of meeting this society, and now that the opportunity has been given me, I am seizing it to speak to you on a subject which is not strictly in the line of our profession but which presses itself upon me, has always since I began to think about anything and every year more urgently, as the thing of all others which is of the nature of the next step; essential to the whole scope and reach of social progress and important in its bearing upon character development as well as a thing of concrete, practical possibilities in all work and all advance. I mean the subject of the political enfranchisement of women, which embraces the whole consideration of the many fields in which women are striving for a secure foothold, that they may live and express themselves and share those rights of life, liberty, and the pursuit of happiness which Thomas Jefferson declared to be inalienable. There are a number of reasons why I wished for permission to speak to you on this theme. One is, that I surmise to the majority of nurses it is a far-off, abstract, uninteresting theme, or even, it may be to some, one to be avoided with disapproval, or with the indifference of the extreme specialist toward all outside of a specialty. Another is that I am ardently convinced that our national association will fail of its highest opportunities and fall short of its best mission if it restricts itself to the narrow path of purely professional questions and withholds its interest and sympathy and its moral support from the great, urgent, throbbing, pressing social claims of our day and generation. Another is that I suspect many of you, absorbed in your

patients and your direct duties, are unaware of how rapidly this once revolutionary proposition is becoming a reality, or of how soon you may be called upon to respond to its actual presence in your midst.

Let us go over these reasons with a little more detail.

OUR GENERAL INDIFFERENCE

Of old the nursing sisters of the religious orders, closely confined in shackles of mental subjugation and social renunciation, consciously withdrew from all participation in things of the world, had no idea of preventive or constructive reforms, held no radical hopes of remaking the social order about them, but gave their lives to an unquestioning service of reparative and ameliorative devotion. If their paths were strewn with the wrecks of social justice they patiently and untiringly bound up the wounds and nursed the victims without a protest. If their hearts ever broke under the weight of preventable misery amidst which their lot was cast, they broke in silence. We have cast off their shackles, because we refuse to be cut off from the world about us. We have declared our principles to arise from another basis than theirs. We belong to an age which rejects the theory that misery and sickness are unpreventable,—which is learning to place prevention before amelioration, which is responding to the thrill of the discovery that the human race, as well as raw material, is capable of construction, of indefinite development and improvement; that human society can be voluntarily and consciously built into nobler and fairer forms than those of the past. If now, having secured the freedom which was denied to the sister of the religious orders, we shirk its responsibilities and ignore its duties, then we deliberately clothe ourselves again in her narrow-mindedness but without her holy zeal and self-consecration. Are we to choose for ourselves only the personal advantages of a greater freedom and to neglect the claims it makes upon our intelligence and our unselfishness? Those of you who are already keen and open-minded on this subject will bear me witness in reminding the indifferent ones of the story of the foolish virgins who were not ready when the call came. Women who are indifferent to the movement for political emancipation are often amazed when they are confronted with the facts of the actual advance of this social change.

As the modern nursing movement is emphatically an outcome of the original and general woman movement and as nurses are no longer a dull, uneducated class, but an intelligent army of workers, capable of continuous progress, and fitted to comprehend the idea of social responsibility, it would be a great pity for them to allow one of the most re-

markable movements of the day to go on under their eyes without comprehending it. In the belief that such inattention actually exists in a large measure, I think it timely to present the following resume of the gradual extension of political equality to women up to the present time. It is a set of data sent by Miss Alice Stone Blackwell, one of the Editors of the Women's Journal, to the New York Evening Post:

"Seventy years ago women could not vote anywhere, except to a very limited extent in Sweden and a few other places in the Old World.

In 1838, Kentucky gave school suffrage to widows with children of school age. In 1850 Ontario gave it to women both married and single. In 1861 Kansas gave it to all women. Sweden gave women municipal suffrage in 1862, and New South Wales in 1867. In 1869 England gave municipal suffrage to single women and widows. Victoria gave it to women both married and single, and Wyoming gave municipal suffrage to all women. In 1871, West Australia gave municipal suffrage to women. School suffrage was granted in 1875 by Michigan and Minnesota, in 1876 by Colorado, in 1877 by New Zealand, in 1878 by New Hampshire and Oregon, in 1879 by Massachusetts, in 1880 by New York and Vermont. [In 1879, when the school suffrage was given to the women of Massachusetts, one of the members of the State Senate said, 'If we make this innovation, we shall destroy the race, which will be blasted by Almighty God.' I leave it to your common sense to decide how nearly right he was.] In 1880 South Australia gave municipal suffrage to women.

In 1881, municipal suffrage was extended to the single women and widows of Scotland, and Iceland gave single women and widows the right to vote for parish councils, district boards and vestries.

Nebraska gave women school suffrage in 1883. Municipal suffrage was given by Ontario and Tasmania in 1884, and by New Zealand and New Brunswick in 1886.

In 1887 municipal suffrage was granted in Kansas, Nova Scotia and Manitoba, and school suffrage in North and South Dakota, Montana, Arizona and New Jersey. In the same year Montana gave tax-paying women the right to vote upon all questions submitted to the taxpayers.

In 1888 England gave women county suffrage, and British Columbia and the Northwest Territory gave them municipal suffrage. In 1889 county suffrage was given to the women of Scotland, and municipal suffrage to single women and widows in the Province of Quebec. In 1891 school suffrage was granted in Illinois.

In 1893 school suffrage was granted in Connecticut, and full suffrage in Colorado and New Zealand. In 1894 school suffrage was granted in Ohio, bond suffrage in Iowa, church suffrage in Denmark, and parish and district suffrage in England to women both married and single. In 1895 full suffrage was granted in South Australia to women both married and single, and the right to vote for councillors to the women of Denmark. In 1896 full suffrage was granted in Utah and Idaho.

In 1897 Norway gave women a vote on certain church matters.

In 1898 the women of Iceland were given the right to vote for all officers except members of Parliament; Minnesota gave women the right to vote for

library trustees; Delaware gave school suffrage to tax-paying women. France gave women engaged in commerce the right to vote for judges of the tribunals of commerce, and Louisiana gave tax-paying women the right to vote upon all questions submitted to the tax-payers. In 1900 Wisconsin gave women school suffrage and West Australia granted full parliamentary suffrage to women, both married and single.

In 1901 New York gave tax-paying women in all towns and villages of the state the right to vote on questions of local taxation. Norway gave women municipal suffrage, and the Kansas Legislature voted down almost unanimously, and 'amid a ripple of amusement,' a proposal to repeal municipal woman suffrage.

In 1902 full national suffrage was granted to all the women of federated Australia; state suffrage to the women of New South Wales, and Iceland made single women and widows eligible to all the offices for which they could vote, *i.e.*, as members of parish and town councils, district boards and vestries.

In 1903 bond suffrage was granted to the women of Queensland, and municipal suffrage to the women of Natal, South Africa.

In 1906 Finland gave women full national suffrage, and made them eligible to all offices, from members of Parliament down.

Within the last few weeks Finland has elected nineteen women to its Parliament."

This is the first instance in the history of the world of women being sent as members of a national legislature. Then, all of you who read the papers carefully, are aware how near the women of Great Britain came in the present session to obtaining the parliamentary franchise;—so near, indeed, that it was only snatched from them by a trick as base as it was desperate. But time does not permit me now to go into that discussion. What I want to make my main point is to insist upon the fast-coming change portended by all the signs of the times, and to ask: are we ready for it? What is to be our attitude toward full citizenship? Shall we be an intelligent and enlightened body of citizens, or an inert mass of indifference? Already our members in four western states enjoy political equality. How do they regard it? Do they realize their duties in this respect? Then, many of our members must live in communities where women have school suffrage. Do they exercise it? Let us now come to the position of our National Association on this subject, embracing as it does, let me repeat, the whole field of self-supporting industry and of education to prepare men and women for that industry. What I feel strongly is that our National Association might and should rise to a broader and more general consideration of large, general subjects than it has heretofore done, or than our local bodies, perhaps, have time to do, though these also, I believe, might well broaden the scope of their interests.

Our local bodies must, however, always carry many details of our professional lives. They must concern themselves with many practical questions, law-making, registration, sick benefit funds, the ethical standards of members and a thousand Martha-like cares. I would like to see our national body leave all smaller concerns to the local societies and consciously make itself a moral force on all the great social questions of the day. Of old we have at times discussed in our national and state meetings, such trivial difficulties as uniforms, perplexities arising from personal preferences of patients for one nurse over another. But now the day has come when we might here decide on our place, our share, and our policy toward the great social claims of education and educational reforms,—industry and the industrial situation—especially as it relates to women—child-labor, its iniquities and dangers (no question more than this has a direct bearing on the public health or the spread of tuberculosis, in which we are taking an active prophylactic part, and none is more sinister in its influence on education); prostitution and the white slave traffic with its trail of disease and death, and the recent movement to teach sexual hygiene, to inculcate a single moral standard, and to combat venereal disease of which we make so melancholy an acquaintance—not only in the wards of city hospitals but even among our private patients; this, one of the newest reform and educational movements, proves perhaps more strikingly than any other that a new conception of human society has arisen and that a new ideal is to be pursued for the future. I am far from thinking that many of us individually can take any active or direct part in extending these various propaganda, but to all of such movements we could give at least intelligent sympathy and moral support—perhaps occasionally some useful service—certainly often our mite in money, and so closely are all the threads of modern life intertwined that it is a question how long we may as an organized society withhold our interest from these subjects and yet demand the interest and the respect of society as a whole for ourselves and our individual problems. I would like to hear these great social questions discussed in our meetings. I would like to have our journals not afraid to mention the words political equality for women. I would like to see our local groups give more time to a consideration of their relation to other bodies of workers, for it has been said by a wise person that those who only know their own specialty do not even know that one. Consider, for instance, for a moment, the relation of our own educational problem to the present conditions of industrial life. We are absorbed in the effort to establish and maintain a sound preliminary education for women desiring to become nurses. But as, in the final

event, most women who become nurses will do so because they wish to support themselves, we must observe what conditions are affecting the great mass of self-supporting women. We then find that the industrial tide is sweeping thousands of young women into occupations at younger and ever younger age, ever less and less well prepared for their occupations by education, training, and discipline, and we then, observing farther, find armies of children, literally armies, for there are nearly two million, underbidding these young women and older children in self-supporting occupations, losing their school time, destroying their physique and preparing a racial deterioration. These millions of children are dragging down the general standards of education and training all over the country wherever they are—and will not many of them in the future lower the standards of coming generations of nurses? For no higher education can remain sound and stable unless it is based on adequate primary instruction and effective manual training. Such by-paths link our destiny with that of every other worker.

To those who are keenly interested in movement for political equality it is very significant to note the gradual change in the tone of the press, and to see such publications as Harper's Weekly, and the North American Review, come out openly in advocacy of the political enfranchisement of women. The fact is that modern industrial society is creating a set of conditions which can only be met and properly handled by legally giving women the same place in public affairs which has been her traditional place in the home, for now the home is reaching out into every ramification of public life. For a general and clear statement of this idea nothing is better than a pamphlet written by Miss Jane Addams, called "The Modern City and the Municipal Franchise for Women." It explains the altered conception of the modern city, compared with that of the mediæval one. The problems of the modern city are almost entirely housekeeping questions on a vast scale. The cleanliness and healthfulness of the city must be simply extensions of the cleanliness and healthfulness of the home; the care of children needs now to be extended to the public school, to the factory, to the shop,—even to the courts, and to the prisons. The care of the young must be extended to the street, to the temptations put in their way by franchise-holding men; to the badhouses, to the saloons, again to the courts, to the jails, to the halls where laws are framed. The health and happiness of the home and the vigor of the mother of future generations must be protected in factories, in sweat-shops, in caravansery launderies, in vast unhygienic business establishments,—four snug walls no longer bound the domain of the home. These responsibilities do not belong to men

alone nor can these conditions longer be met and adjusted with that organ of self-expression, the ballot. I have been much impressed lately by what I have seen of enlightened women, going disfranchised, to legislative assemblies to struggle, handicapped, in defence of the children in industry against men, strong in entrenched forts of governmental rule and armed with their ballots. It is a distressing and a pitiable sight. This was in my own state which has a bad record in this respect. In the western free states, the women secure, without a tithe of the nerve-rack, better conditions of labor and of education for their children than those of eastern states can secure by their influence. And I have been intent on the struggle of the women teachers in New York State for the justice of equal payment. The only states in the union where women teachers are paid the same as men are the four free states of the west. So far, in our own legislation, we have been fairly successful, but let me close with this prophecy: Until we possess the ballot we shall not know when we may get up in the morning to find that all we had gained has been taken from us.

THE PRESIDENT.—The paper is open for discussion.

MISS DAVIS.—Madam president, I have been asked to lead the discussion on this paper. I had not the remotest idea of the trend of it, but I am sure that many thinking people believe in giving the ballot to women. We all believe that were the franchise granted to women, the administration of existing laws would be much more effective, and the making of new laws would be much more effective, more exact, and much more humane; for the laws that already exist are good laws but their administration is not always along the lines of humanity. We are striving in a small way to gain legislation in our profession, and to take hold of this question might injure us, and probably would. I do not think Miss Dock means that; I think she means we should discuss such questions and inform ourselves along such lines, and, as we are all well-disciplined, high-thinking women, when the time comes to act we shall know how to make laws and how to have them properly administered. I would like to hear from some of the states that have the franchise, how much more they are able to do along these lines than we are in states that have not the franchise for women.

MISS BOYD.—Madam president, personally I do not believe in women having the franchise. I have been west for thirteen years; I went to Colorado when women first obtained the right to vote. It was intensely interesting to me because I came from New York where everything is conservative, and I attended all the meetings and I was very sorry I had not a chance to cast my ballot. In the course of time I became a citizen and I did vote, and then I became interested in nursing work; now I believe it is a duty, and as long as the privilege is given to the women of that state they should exercise that privilege and cast their ballots. The last election we had there was probably the best that Colorado has had. Before that the better class of women left the ballot to the women in the lower half of the town—I am speaking of Denver specially—and they carried things their own way which was not the best way for the community. This

last time, by a new election law whereby the voters are registered in their homes, the bad registration lists were restricted, and the better class of women came out and cast their ballots, and we had a much better and cleaner election. I am not able to answer Miss Davis' question. Women have been in the legislature, but it seems to me that when you go into politics, there are a great many things you have to take up if you go into it fully, and we loose a little something as women, I cannot help feeling that. I think the making of citizenship comes before a person is ten years old, I don't think it comes after twenty-one; and I think that Judge Lindsey in his work among the children and people of Denver is doing much more for citizenship than all the women votes of Colorado.

Miss Dock.—How has Judge Lindsey been able to hold his position? The women of Colorado have kept him in office against the combined efforts of corruption in that state. It is the women of Colorado who have made it possible for Judge Lindsey to save their children.

Mrs. Robb.—Madam president, I would like to have a moment to speak on an urgent social claim that has been called to my attention by being asked in my home city to give lectures on hygiene to our school children, by reading two articles in The American Journal of Nursing, and by having my attention called first to the fact that at the last June meeting of the Medical Association of America there was a symposium of papers presented by a doctor there upon what he called the two great social evils of the present time, the two plagues of the present century; he termed them the white plague and the black plague, and said that we must turn our attention to doing something more than we have been doing to wipe them out of existence. Then The American Journal of Nursing called your attention to that symposium of papers. The Journal also gave us articles on what it called Venereal Prophylaxis. I think if the Journal never gave us anything but those articles, it is worth everything we have done for it. I want to beg you, when you go back home, to take those numbers and read those articles over carefully once more, and then consider what claim there is upon us as professional women to assist the doctors in stamping out these two plagues in this country. One is tuberculosis and the other is venereal diseases. I was very strongly impressed, and I thought it my duty this last winter, though I have very many matters to occupy me, to speak to the children on hygiene; I commenced with anatomy and physiology, and it was most impressive to me to see how the little eyes and ears opened for instruction about the human body, to know something about themselves and to be told it in such a way that they could take it in and apply it practically in every-day life.

I gave another course of lectures on hygiene to a class of women preparing for work as kindergarteners. Before giving the lectures, I asked those of the students who had had instruction in anatomy and physiology to stand up, so that I might know how intelligently they would be able to receive my remarks on hygiene. Less than one-third of the women stood up, and they were all high school graduates.

Now it seems to me that there are two bodies who are distinctly educators, the teachers of our country and ourselves, and it seems to me that our special line of education, as we know how important it is to advance preventive medicine, is to take just this one particular line of work for our own in our local asso-

ciations, to create first a public sentiment for teaching anatomy and physiology, not as it is attempted to be taught to-day in our public schools and high schools and private schools, to boys and girls together, but as it ought to be taught, practically, and with demonstrations, so that the pupils will be able to apply it, for them to be taught it until they become grown young men and women, and do away with this ignorance, this great mystery, of the human body as the general public considers it, make them realize what their bodies are, and the uses and abuses of them; and I think we will have less need to nurse those two great diseases.

I would just like to make this suggestion. Our president in her opening address touched upon our duties from an educational standpoint, and I felt, after Miss Dock's paper, that perhaps we ought not to go away to our homes in distant states without a definite line to work upon. It seems to me that public school teachers, generally speaking, are not in the position to teach anatomy and physiology that trained nurses are in. I know one woman who came to me in connection with her sister who had to have an operation; she said, "I don't know anything about that because I don't know anything about the human body." Another woman of fifty to whom a nurse was giving massage, said, "What are muscles?" I could tell you many things about the deplorable ignorance of women about the abuses of the human body, and these are the things we are fighting. The great problems we have to meet are results, as we know, of ignorance on that one subject. We would not have so many patients in the hospitals, we would not need so many hospitals, if people knew more about the human body. So don't you think it possible for us to create a sentiment in our different towns upon the necessity of teaching children, practically and intelligently, those subjects of anatomy and physiology, and then to apply the rules of hygiene? Do you not think we should create teachers for that purpose? It is not necessary that one woman should be appointed to every school, but if we had one good woman for the schools of a city, she could go from one school to another and teach so that every child in the city would have that instruction. You have taken a great step towards that in your liberal contribution to the Hospital Economics course; that was originally created especially for women who wished to become hospital superintendents, but I have been going there every year to give my share toward the teaching and I have been meeting women coming back for the second year. There are three or four of them who have not any intention of ever becoming superintendents of training-schools, but they are taking special courses in anatomy, physiology and psychology and are being taught how to teach, how to impart that knowledge to others. They are splendid women, and my eyes were opened to the possibility of using these women taking that special training for these special lines in our training-schools, it will help us tremendously; and now comes another opening for them if we can introduce them into our public schools and private schools for boys and girls and give them the right knowledge of how to care for the human body, how to use it and how to reverence it, so that they will not have these diseases.

The President.—It seems a most opportune moment to take up the suggestion made by our board of directors, that we have a Committee on Public Health in this Association. If that is your pleasure, a motion to appoint such a committee will be in order before we adjourn to-day.

Miss McMillan.—I move that the president appoint a Committee on Public Health.

The motion was seconded and carried.

The President.—I do not feel that I can appoint that very important committee on the spur of the moment, but it will be appointed at the directors' meeting and the announcement made. Are there any other topics to discuss?

Miss Davis.—Madam president, I have here an appeal to the nurses of America, coming from a number of superintendents of training-schools, calling the attention of the nurses to the proposition of a certain Insurance Company, which has arranged special rates for nurses.

It has been partially investigated, and found to be a good investment, and a reasonably safe proposition. I have been asked to put this before the society, but as I know so very little about it, I think it had better be investigated or discussed, or something done to it by this assembly.

Miss DeWitt.—This is such an important matter, and it is so hard for a large body to investigate the details of a business proposition like this, that I move it be referred to the board of directors for investigation.

The motion was duly seconded and adopted.

Miss McIsaac.—Madam president, I would like to ask that a committee be appointed during the coming year for the consideration of the subject of an annuity fund, or something of that sort, for nurses. I do not know enough about the phraseology of matters of that kind to put it properly, but I move that a committee be appointed to look into that matter in conjunction with the superintendents' society, and the state societies, to see if we cannot among ourselves do something of the same nature that the insurance companies do.

The President.—Do you want this committee appointed by the directors?

Miss McIsaac.—By the Chair.

Miss Jamme.—Would it take too long a time to have some statement from Miss Dock as to what the European nurses are doing?

Miss Dock.—Germany has state insurance for all working people, which is very different from any other country; we can't get that. It is a very respectable thing because the worker and employer contribute, and the state adds a tax. The taxes are not large, but they are something, and the Nurses' Association there insists on all the members joining the Government insurance.

The strong point about the Government insurance is that you do not have to pass a physical examination.

The German Nurses' Association says to a member, "We want you to do all you can for your own self help, and after that the organization will help you, but if you neglect the means of helping yourself, which are open to you, then you must not expect other people to assist you."

That works very well. The German organizations have an emergency fund. The English nurses have not any good system whatever; it has been in the past the custom of certain hospitals and certain institutions to pay the nurses a certain sum, after a certain length of time; that is very nice, but of course it is very limited. They have there what I consider the most objectionable system of insurance existing in any country, the Royal Pension Fund, gotten up by Mr. Burdette, which is made by some hospitals obligatory upon its pupils, which I think is altogether odious, objectionable, impertinent and tyrannous. It is simply an insurance. I have never been able to find that its benefits are in

any way better than those offered by the insurance companies, not as favorable as those offered by the German insurance companies, which are perfectly business-like. And then there has always been connected with the British Pension Fund a most objectionable flavor of patronage. The names of the nurses who join it are published, and there has always been a most objectionable flavor of patronage, condescension, and almost charity.

Of the independent organized nurses, ninety-nine out of a hundred, I think, do not belong to it, and they have no such sick benefit funds as we have, nothing organized on a general scale.

Miss Greenthal.—Madam president, I would like to say that the Mount Sinai Association is at present founding a Pension Fund in connection with our alumnæ association, and trying to have it incorporated. Just now we have had some trouble in that respect on account of the insurance laws, but we hope to succeed.

The motion to appoint a committee to look into the insurance subject was duly seconded and adopted, and the president appointed on the committee, Miss M. E. P. Davis, Miss Anna C. Jamme, and Miss M. L. Wyche.

THE QUESTION BOX

Led by Miss McIsaac, was then taken up

Miss McIsaac.—There was an article in a recent number of the Journal on the inadequate training of the superintendents of small hospitals. Cannot any further advice or assistance be given to those poor souls present at this meeting?

Miss Nevins.—Let them take a course in Hospital Economics.

Miss McIsaac.—I cannot give the questioner any better advice than Miss Nevins has given, a course in Hospital Economics in the Columbia University in New York, will be of great assistance, and also membership in the society of superintendents.

What effect will registration have upon the smaller hospitals? Some of those from states where registration has been in effect some time can best answer that.

Miss Palmer.—I think the general effect in New York has been a very great desire to comply with the standard. We are forming affiliations in every direction for the special branches in which small schools are deficient.

Children's hospitals are being affiliated with general hospitals. Many small hospitals which had been running along in a very unsatisfactory way, have become very much alive to their responsibilities.

The superintendents of the small schools are clamoring for help, and wanting all sorts of assistance in their problems. I think in that way registration has acted as a great stimulant, and having a State law, they are able now to go to their boards and say, "The law requires us to give certain instructions under certain conditions," and while the boards may not be overcordial about it, there is a movement in that direction, brought about by state registration.

Miss McIsaac.—Miss Alline, have you anything to add to what Miss Palmer has said?

Miss Alline.—I think Miss Palmer outlined it for you. The main point is affiliation, affiliation, affiliation. It is coming to us all the time. We are giving all the information we can; we know when schools have something to offer, and then we have that to present to those asking for affiliation.

Another thing that has helped the smaller schools a great deal, is the outline put out by the State Board.

Many of you have received that, and all of you desiring it can obtain a copy from the department at Albany, and those of you who have the Journal will find it in the May number of last year. That has helped the small schools as much as anything.

Another thing that we must add very soon, is to have the schools keep a record of the work done by the pupil nurses, the practical and theoretical work must be recorded by the schools, and as soon as the schools can agree on a form of a record that will be on a simple plan, that will not take all the time of a clerk to keep in order, it will be a still greater help.

Miss Palmer.—Miss DeWitt has compiled from a number of school records a suggestive form for a record book which she intends that the schools shall improve upon, and we are publishing that in the June number of the Journal.

The lack of uniform information has been one of our great problems in the state work. Many schools have no records at all for many years back, not even lists of their graduates, and they were absolutely unable to say whether a certain woman graduated from there or not. They say, "We find the name of such a woman on our pay-roll, but the superintendent who was with us then has gone; she kept no record, and there is nothing to show whether she graduated from our school or not." I think that is one of the most deplorable things that registration has brought to light about our training-schools.

Miss McIsaac.—There are two questions so nearly identical that I think they may be taken up together.

The first one is, Shall a nurse receive a pension when she is too ill to follow her profession, and how shall we establish such a fund? The next is, What is being done by the alumnæ associations for those of their number, who by sickness, or being crippled, become unable to care for themselves for some time or for the remainder of their lives, as the case may be, or who have been unable to put aside for the inevitable rainy day?

Miss Rhodes.—At Bellevue, we have what we call a sick benefit fund.

Miss McIsaac.—Most alumnæ associations have a sick benefit fund. To give an instance of a nurse being stricken down, which took place in my own experience, this nurse met with a terrible accident, in which she lost the use of both hands and feet. She was a very young woman, she had been out of school about two years only, and had worked only such a short time that she had not enough to keep her more than a year or so, and the nurses of her alumnæ association, which was mine also, made an appeal to every nurse in the association, and the graduates, inside of a month, raised twelve thousand dollars. The contributions came from a great many who did not belong to her associations at all. The money was put in trust in one of the banks in Chicago, and the interest was for her use as long as she lived, and afterwards it is to be used for the nurses of three associations in Chicago, if any one of them loses her health, or meets with an accident so that she is entirely incapacitated.

One of the nurses spoke to-day of the fund the Mount Sinai Nurses are establishing.

MISS GREENTHAL.—Only nurses of the association are eligible for that. We have a fund from which we also help nurses that have already drawn upon the sick benefit fund. A nurse can draw on that fund as long as she needs it. In addition to that, we are establishing a fund for nurses who are too ill to work, or have become incapacitated before they have reached the age limit.

Of course this is in its infancy now, we have not begun paying, we are simply working on it.

MISS MCISAAC.—Another thing is, that when a nurse is ill, she is obliged to ask help of the alumnæ association, but when she is well enough, she returns it to the association. That has been done in our association, and in a great many others,—a nurse becomes ill, and accepts the help of the association, and when she takes up her work again, she returns the money to the association.

We have had hundreds of dollars returned to our alumnæ association in that way. I think it is a very good spirit. If she cannot repay it, she can't do it of course, but if she can repay it, it is there to help some other nurse who drops down by the wayside. But if this committee brings us a proper method next year, those of us who have not gone as far as Bellevue and Mount Sinai, can band together and establish a pension fund, and thus the bad time of incapacity can be helped over.

The next question is, Should we have a sliding scale of charges? This is a question that applies, I think, exclusively to the private duty nurses, it is not intended to include the superintendents, I imagine. Miss Dock, will you say something on that?

MISS DOCK.—The only thing I will say on it is that not long ago we were talking in Bellevue about it, and one of the private nurses said that she did not think women should go right on nursing men at a lower scale than a man nurse. In nursing men, the male trained nurses get much more than the women get, why? I think if some of our women friends are trying to lop off our rates by employing correspondence-school nurses for ten dollars a week, I do not see why we should not even up the other end of the scale by charging the man patient the same scale that the men nurses charge.

MISS MCISAAC.—I am very sorry we have no more time for the discussion of these questions. I would like to read those that we have not discussed: "Can any nurse suggest a plan for introducing or transferring a member of one state association to another, or introducing a member of an alumnæ association to the association of a city or county in another state?" The state registration bills in most states have made provisions for transferring registered nurses, but that is not for the members of the association.

"Can an average nurse be properly trained in two years?" That does not need much discussion.

"What causes so much unhappiness and discontent among nurses?"

"What constitutes a Charter Member of the Associated Alumnæ?"

MISS SWEENEY.—I suggest that when a nurse goes to another city, she get a letter from her alumnæ society, and present it to the secretary of the other state society. That will prevent a great deal of trouble.

MISS DAVIS.—Madam president, I want to make my annual plea for THE AMERICAN JOURNAL OF NURSING.

Does every member of this society take the JOURNAL? Does every member of an alumnæ society even, take it?

I will put it down to those owning stock, how do you expect the JOURNAL to be kept up, if you do not take it? When it comes into your possession and under your control, what are you going to do to increase the subscription list? Isn't it about time for you to begin to think of this? This JOURNAL is yours. Have you any responsibility in the matter?

THE PRESIDENT.—We would all like to hear now the report of the committee on pledges for the Hospital Economics course, if they are prepared to present it.

MISS DEANS.—Roughly estimating, it amounts to six thousand seven hundred and sixty-six dollars, which includes the amount pledged by the Superintendents' Association, the Baltimore City Nurses, and the Michigan State Nurses' Associations.

THE PRESIDENT.—Our by-laws require a nominating committee to be appointed at this meeting to prepare a list for next year; the Chair has to appoint two, and three have to be appointed from the floor. The Chair appoints Mrs. Fournier, of Indiana; and Miss Dorothea McDonald, from Brooklyn. I will receive three names from the floor.

Misses Nedwill, Hay, and Durkee, were nominated from the floor.

THE PRESIDENT.—Do those names meet with your approval? If so, they stand apppointed.

I now call for the report of the Committee on Resolutions.

Miss Eldredge then read the report of the Committee on Resolutions as follows:

The committee on resolutions takes pleasure in presenting the following report: Resolved, that we extend a vote of thanks to the nurses of Richmond, the nurses of Virginia, and especially to the nurses of the local committee for their most cordial reception and entertainment; to the managers of the Memorial Hospital and St. Luke's Hospital for their hospitality; to Mr. Patterson for his kindness in arranging for the nurses to visit the tobacco factories; to the Jefferson Hotel for the use of the auditorium and other privileges extended; and to the local press for its reports.

Whereas, notification has been received of the death at Harper Hospital, Detroit, on February 26, 1907, of Miss M. E. Smith, a charter member and former director of the Nurses' Associated Alumnæ, and one of the drafters of the Michigan bill, be it resolved that in the death of Miss Smith both the association and the nursing world have sustained an irreparable loss.

Whereas, the International Council of Nurses is to assemble at Paris, be it resolved that the Nurses' Associated Alumnæ of the United States, convening at Richmond, Virginia, send greeting and best wishes for the success of the conference.

Respectfully submitted,

ADDA ELDREDGE, Chairman.

On motion duly seconded, the report of the Committee on Resolutions was accepted.

MISS PALMER.—Madam president, you referred in your annual address to the Red Cross. I think there must be someone here who can tell us something about the Red Cross work.

THE PRESIDENT.—We really should have some action in regard to it. We will be very glad to hear from anyone who will speak on it.

MISS NEVINS.—Madam president, I am very sorry I am not in a position

to add anything further in regard to the work of the Red Cross. There is a great deal of interest about it among the nurses everywhere.

The main point is this, that the Red Cross should represent the best nurses in this country, and they are taking great pains to have on their committees the most representative nurses, and those who will take the most pains to have the best nurses to represent the Red Cross.

MISS SWEENEY.—Madam president, I will say that the San Francisco nurses have in a body joined the Red Cross Society.

THE PRESIDENT.—Will you explain what steps you took to affiliate with the Red Cross?

MISS SWEENEY.—The California branch of the Red Cross Society asked our nurses to join after the disaster of last year, we to guarantee to furnish a certain number of nurses; it is not compulsory, no person is compelled to go, but the society will send a certain number, and we joined in that way, as a body.

THE PRESIDENT.—Mrs. Robb, can you tell what is being done in Ohio?

MRS. ROBB.—In the Cleveland branch, a committee was appointed with a view to making them head nurses, to do executive work, and give them assistants to do it.

The nurses associated with them we thought to draw from our state association.

The matter has not been placed before our state association yet. We have just completed a list of names.

The nurses have to enter into an agreement to give their services to the Red Cross when they are called upon.

We shall simply ask the members of the state association of Ohio to pledge themselves to serve the Government during a time of calamity, but we have not placed it before them yet.

MISS PALMER.—Madam president, I would like to say in this connection that it has been decided that we shall open a department for the Red Cross nurse in the JOURNAL. We want all the women particularly interested in the Red Cross work to send in reports of what is being done in the different states, with lists of the enrolled members, as soon as possible.

A MEMBER.—Can we offer our services to the Red Cross as a body?

THE PRESIDENT.—I think we can hardly offer as a body when the work is to be done by individuals. Each individual nurse of course can offer her services, but as to taking action for the individual members, as an association we cannot act in an individual capacity, and we cannot bind our individual nurses who are not here; they would each have to be accepted for service. We can all help in the work and all enroll if we are eligible. We can follow the same plan that has been followed in some states. In New York State we are making an effort to enlist nurses. Do you know anything about that, Miss Palmer.

MISS PALMER.—The state has a committee on nursing, which is a board, composed of lay women and nursing women; Miss Maxwell and myself are two, the other members have changed very recently and I am not able to give you their names. There are requirements for enrolling, they have been published in the JOURNAL. The first is that nurses must be registered and must be in sound health and must be ready to serve any reasonable time if called upon, and the recommendations and requirements of character are supposed to be of the

highest, the idea being that the nurses enrolled in the Red Cross shall represent the very highest type of women we have in the profession, and we are cautioned to be very particular and very exacting in regard to the women enrolled. We give a little pin which the nurses wear, and at the time they are on duty they must wear the arm band of the Red Cross. I think not a very great number of nurses in New York State have been enrolled yet, but during next year I think we may do a little more.

Miss Nevins.—Madam president, I have just one thing to bring before you. At the superintendents' meeting an old subject which has been discussed many, many times was made the subject of a paper, and a very excellent paper it was too, a careful résumé of the subject of nursing of people of moderate means. At the conclusion of that paper and after the discussion, a committee was appointed by the Superintendents' Society, which extends an invitation to this society to name two members of that committee to present a report at the next meeting of the Superintendents' Association.

The President.—The Superintendents will certainly have to go to San Francisco, if we are going to be bound up with them in so many committee reports which we cannot receive unless they are at San Francisco.

On motion, duly seconded, the president was instructed to appoint two members of the committee.

The President.—The committee will be announced later.

Mrs. Robb.—Madam president, there was a suggestion made about the nurses having representation on the training-school boards; I don't think there was any action taken upon that.

Miss Ahrens.—What is the best method for the nurses to adopt in approaching the Boards of Training-school Managers?

Miss Hartman.—Would it be wise for the associated alumnæ to recommend this, so that the associations connected with the associated alumnæ can refer it to their boards and say, "The Associated Alumnæ recommend this"? I will make that as a motion.

Miss Palmer.—I have noticed, greatly to my surprise, that some things get about very quickly among Boards of Managers. If they don't know each other personally they must correspond back and forth. They sometimes send around circular letters. And it seems to me that if we frame an official, dignified request from the alumnæ associations for representation on those boards, it would have quite a serious effect. I believe they would consider it because the requests would all be on the same terms, and would be received about the same time.

Miss Hartman's motion was then put to vote and adopted.

The President.—I now call for the report of the inspectors of election.

Mrs. Gretter read the report, as follows:

Madam Chairman: Your committee begs leave to report to you the following result of the election. *For officers*: president, Miss Damer; first vice-president, Miss Cooke; second vice-president, Miss Cabaniss; secretary, Miss DeWitt; treasurer, Miss Davids.

For directors: Miss McIsaac, Miss Alline.

Respectfully submitted,

L. E. Gretter, Chairman.

The new officers were then introduced from the platform, and accepted their election.

On motion, duly seconded, Miss S. E. Sly was reëlected Inter-state Secretary.

On motion, the thanks of the association were extended to Miss Casey by a rising vote for her services as secretary for the last two years.

The Association then adjourned, to meet in San Francisco, California, in 1908.

A text-book on Primary Nursing Technique by Miss Isabel McIsaac, late superintendent of the Illinois Training-school, is announced for September 1st.

In this book Miss McIsaac deals exclusively with nursing methods and technique, and it is intended for the instruction of first year students, dealing with the everyday practical details which crowd upon the beginner from the first hour of her entrance into the school.

Miss McIsaac was one of the pioneers in introducing nurses' clinics. With her gift as a writer, and after seventeen years' experience as a teacher in one of the largest and best known schools of the country, she is peculiarly fitted to present practical nursing methods in form suitable for class-room instruction.

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THE
AMERICAN JOURNAL
OF NURSING

VOL. VII | SEPTEMBER, 1907 | NO. 12

EDITORIAL COMMENT

TRAINING IN THE HOSPITALS FOR THE INSANE

THOSE of our readers who are keenly interested in every phase of nursing education will read Dr. Russell's article on Nursing the Insane with very great interest. In this paper, Dr. Russell has not only shown the development of training schools in the insane hospitals, but he has also pointed out the disadvantages that this class of schools labors under in competition with those of general hospitals, because of the greater lack of interest on the part of the general public in the care of the insane. There is no field of work which calls for the missionary spirit more than in that of nursing the insane, and the appeal is especially for women to fill the places of teachers and organizers in the institutions of every state.

The recognition of the training schools in hospitals for the insane, has been one of the problems, in many instances the stumbling block, in state registration, and the subject is one which should be given intelligent study by all leaders of the registration movement.

Dr. Russell in his position as medical inspector of the State Commission in Lunacy in New York, is studying the question of the development of the training schools from the broadest and most liberal standpoint. We think it is largely through his influence that the thirteen state hospitals of New York have been brought into line with the requirements for registration. Some slight concessions have been made to these hospitals, but the general trend of their development is along the lines suggested by the education department and the board of examiners, and the ultimate result must be that of better nursing care for the insane.

In Illinois, both the Illinois Training School and the Presbyterian

Hospital Training School have formed an affiliation with the Elgin Insane Hospital, the service of three months being part of the regular course in the former, and in the last being optional with the pupils.

We hope to live to see the day when nurses in every general hospital will serve a short period in a hospital for the insane before being registered. In our opinion, the general nurses need this special training nearly as much as the nurses trained in the insane hospitals need the general training.

NURSING OF MALE PATIENTS

Some points in Miss Bean's article on the problems of the private nurse recall to our mind the criticisms which we have heard from some of our readers for whom we have great respect for publishing the articles on Venereal Prophylaxis and the discussions that have appeared in our pages from time to time on the subject of catheterization of male patients.

If the Journal were published as literature for the general public, we think these criticisms might be well founded. When we consider that the Journal is published for nurses, who both in hospital and in private nursing are constantly brought face to face with such problems, we contend that the discussion of them in any professional nursing journal is not only legitimate but absolutely necessary.

Some superintendents of training schools through carelessness, and others through ignorance, fail to give to their pupils not only the protection which they should have during their training, but the instructions which they need to face the difficult situations which nurses are daily called upon to meet.

In our own experience, as a superintendent of a training school, we tried always to give nurses in training the most careful protection in regard to these matters. Questions of male catheterization, friction in typhoid baths, isolation with contagious cases, etc., being sources of contention with the medical staff during our entire career.

The sudden development of a condition which was thought to be small-pox, in a man brought into a hospital for an operation following an accident, made it necessary for both the patient and the nurse who had been doing his dressings, to be isolated, as it was felt that her exposure had been very great. It proved to be not small-pox but something less virulent, but requiring isolation for some weeks, when the man was returned to the public ward from which he had been transferred.

A few mornings later we found a lettter on our desk signed, "The Men of Ward B," which was a protest against sending nurses into the isolation pavillion with men, containing the statement that since his return this patient had been making the most grossly indecent comments on the situation which, these men felt, were too great an indignity for such honorable young women to be subjected to. The men recognized the fact that the woman was too high-minded to have even suspected the vileness of the man's thoughts.

While from our own long years of private and hospital nursing, we believe the man who does not recognize and respond to decency in a woman is an exception, we do believe that the young nurse in training and in private duty needs to be carefully guarded from unnecessary exposure to this kind of insult. It is because of the possibilities of this kind that it is necessary in our training schools that women should have reached years of maturity before being admitted to training.

Miss Bean refers to the necessary caution of nurses in caring for men who are alone in hotels which is another side of the same story. In our opinion, unless a man is ill enough to really require nursing care, we think a nurse is justified in giving first consideration to her own reputation as a woman and to that of the profession of which she is a member.

WORK OF THE COMMITTEE OF ONE HUNDRED

The Committee of One Hundred, appointed by the chairman of Section 1 of the American Association for the Advancement of Science has as its aim the establishment of a national department of health.

One of the first questions to be decided is whether it will be better to have a separate department of health with a cabinet minister of its own at the head, or to establish a bureau under one of the existing departments. It may be difficult, perhaps impossible, to create a new department. Should a subordinate bureau be established instead, another question to be settled is that of selecting the most suitable department under which the new bureau may work. Part of the work to be undertaken by this new bureau is at present being carried on under the Department of Agriculture, part under the Department of the Treasury, under the name of the Public Health and Marine Hospital Service, and part under the Department of Commerce and Labor,—that of Vital Statistics.

The work of such a national health bureau is to be similar to that of any department of health, only with a wider scope and higher author-

ity, its great aim being the lessening of loss of life by preventible disease.

The idea has been endorsed by many prominent societies, among them the American Medical Association, and it has the approval of President Roosevelt.

By such a central national bureau, questions of pure food, control of contagious diseases, pollution of water supply, infant mortality, etc., can be taken up and energetically pushed. Communities not sufficiently awake to safeguard their own interests and those of their neighbors can be compelled to abide by hygienic regulations which will result in good for all.

Wisely carried out, such a plan must be an immense factor in hastening progress along the lines of right living. Certainly there is need of some broader authority than now exists for the regulation of sanitary conditions on railroad trains and at resorts of all kinds, to which people are transported in thousands, in half an hour, from the sanitary supervision of a city to a country district that is without laws. The toilet rooms which travelers and picnicers are compelled to use in hot weather are so disgustingly foul that it would seem not improbable that much of the sickness in every community could be traced to them. The remarkable part of it is that decent respectable people accept such accomodations from the railroads and from summer resorts and picnic places where they pay dearly for all the privileges which they may enjoy. With a national law it would be possible to bring all public places under sanitary inspection.

WORK FOR THE YEAR

THE eighth volume of the American Journal of Nursing, which will begin with the October number, will offer to its readers a continuation of the helpful and practical articles which it has always been its aim to furnish.

A paper by Dr. Lowman, of Cleveland, on the Evolution and Development of the Nurse, which will appear in the October number, is the strongest justification we have yet heard of the struggle of nurses for higher education.

The paper in this number on Insane Nursing will be followed soon by one written by a nurse who has been a teacher in schools connected with insane hospitals, giving further information on the same subject along practical nursing lines.

Several papers on Visiting Nurse work are promised for the near future.

The special problems of the private duty nurse will not be forgotten, a paper by Miss Holmes of St. Paul, whose spicy article on hourly nursing last year proved so attractive, will be one of the first to be presented, followed by several on the care of babies and children, by one on post-operative nursing by Miss Perry, and on scarlet fever by Miss Mathieson.

State registration will be kept closely in view and its progress reported, while the new department of Nursing in Mission Stations promises some very interesting material.

Two women physicians of Chicago are preparing a paper on the Opsonic Index, expressed in terms which nurses may understand without a strain of the intellect, and it is hoped that glimpses of life at Cranford Farm may occasionally brighten our pages.

The Book Reviews and Notes from the Medical Press will continue to be carried on by the same able hands, and the Foreign Department will be enriched by Miss Dock's observations during her present sojourn abroad.

At their spring meetings, both the New Hampshire and Texas state nurses' associations adopted the JOURNAL as their official organ. With the new volume we shall stand as the representative of ten organizations.

It is hoped that the JOURNAL readers will make the magazine of use to themselves and others by sharing with it all new knowledge which comes in their way and by asking the help of others in solving vexed questions which arise. An exchange of ideas and questions is always helpful.

To alumnæ members particularly, we appeal for assistance in broadening the circulation, reminding them that the larger the circulation, the more valuable the magazine becomes to the individual reader, as it has always been the policy of the JOURNAL directors to improve the JOURNAL rather than to increase the dividends of the stockholders.

The marked increase in the circulation during the past year was due, undoubtedly, to the fact that during the whole year the business management received the entire attention of Miss Davis a member of the staff, but her success was made possible by the cordial coöperation of members of alumnæ associations, superintendents of training schools, and individual nurses in different parts of the country. More than one instance has come to our notice of women who have made the JOURNAL'S interest a part of their campaign for state registration, doing the work

unsolicited and without compensation because they saw the need of professional enlightenment of those away from nursing centres.

Now that the private nursing editor has taken up permanently the detail work in the editorial office, the editor-in-chief hopes to be more at liberty to keep in touch with work in different sections of the country and to give greater time and study, personally, to the new problems which are constantly coming up for consideration than she has been able to do for the last two years.

In closing the volume we extend to all who have coöperated to make the year a success grateful appreciation.

THREE NOTABLE RESIGNATIONS

THREE women who have been prominent in the development of training schools in the first decade of progress, have recently resigned from that field of labor.

Mrs. Gretter, who has been for eighteen years superintendent of the Farrand Training School in Detroit, has relinquished this position for a change of occupation and is to have supervision of the district nursing work of Detroit. Mrs. Gretter is a graduate of the Buffalo General Hospital. She is one of the women who has been morally and professionally a great force in the educational progress of nurses, not only in the west, but of the whole country.

Miss Tooker who has been for fifteen years at the Michael Reese Hospital in Chicago, of which she is a graduate, part of the time as assistant superintendent, and later as superintendent, has retired to life on a farm, in partnership with Miss Hill, the dietician. Miss Tooker has not been a public worker, but has confined her interest and energies almost exclusively to the development of her own school, which she has brought to a high degree of excellence.

Miss Lucy Walker, a graduate of St. Bartholomew's in London, was superintendent at one time of the Presbyterian Hospital in Philadelphia, and has held the same position for a number of years at the old Pennsylvania Hospital. Of late years she has been debarred by ill health from taking a very active part in work outside of her own school, but she has been a great force by her influence on those associated with her, and has always been loyal to every progressive movement for the uplifting of nursing. Miss Walker is to retire to private life in Pittsburg, Pennsylvania, where she will assume the care and education of a young girl cousin who has been recently left an orphan.

The retirement of these three members of the pioneer group of workers creates vacancies which will need to be ably filled if the profession is not to suffer materially in consequence.

Mrs. Gretter is to be succeeded by Miss Krueger, a graduate of the Illinois Training School and of the Economics course, who has been doing excellent work in a less prominent place. Miss Tooker is to be followed by Mrs. Mayfield, a graduate of the Michael Reese school; and Miss Walker by Miss Payne, graduate of the Royal Infirmary, Edinburgh, who was at one time her assistant and has recently been at the head of the Episcopal Hospital in Philadelphia.

CONFUSING TERMINATIONS

It is a pity that there is not a good plain Anglo Saxon word which could be made to take the place of alumnæ, which, being of Latin derivation, and having various forms, sometimes proves a stumbling block to those who have not studied that language. Let us make an effort to get its different terminations clear.

Alumnus, masculine, singular, means a man who is a graduate.

Alumni, masculine, plural, means men who are graduates.

Alumna, feminine, singular, means a woman who is a graduate.

Alumnæ (pronounced alumnee) feminine, plural, means women who are graduates.

Of these four forms of the word, the one that concerns us is alumnæ. This may be used as a noun, "We are alumnæ of our school," or as an adjective, "The Nurses' Alumnæ Association."

We constantly see the phrase "Nurses' Alumni Association," but unless this phrase is used to describe the graduate association of a school where male nurses are trained, it is incorrect. Some associations of women nurses have this wrong phrase printed on their handbooks and incorporated in their constitutions. Probably this error arose from a remembrance of some high school alumni association, but there the case is different, as both men and women are members and the masculine term is used to include all.

At our public meetings we sometimes notice a little uncertainty on the part of the speakers, as if they were not quite sure which form to use. Let us cling to the one form which belongs to us as women, alumnæ, and forget there are any others.

In this connection we want to say that always when any suggestion is made for the broadening of the membership of the national alumnæ

association some one raises the question of the effect upon the name, of the admission of other forms of societies. Many have the impression that the name applies only to one form of organization.

The Nurses' Associated Alumnæ is an association of organizations of women who are graduates of accredited schools. Whether these graduates are banded together in county or city associations or whether they represent one school only, they are all alumnæ of schools of good standing, and as such, may be included in the broader meaning of the title of our national society.

THE PENSION FUND COMMITTEE

In our last editorial we neglected to mention, in connection with the work outlined for the coming year at the Richmond meeting, the appointment of a committee on a national pension fund, of which Miss M. E. P. Davis was made chairman, while Miss Jamme of Rochester, Minnesota, and Miss Wyche, of Durham, North Carolina are the members.

The instructions to this committee were to investigate the whole broad field of pension methods and report at the next meeting.

Of course there is the question of different state laws which must be considered and which may be something of a stumbling block, but we believe that by studying the working methods of such funds as the Carnegie Teachers' Pension Fund, the government fund for civil employees, which is now being agitated, and those conducted by labor organizations, there can be evolved, from them all, a plan by which the national pension fund for nurses can be established, under the control of the Associated Alumnæ, to which a nurse can contribute during her active years, and, in proportion to her contributions, receive a pension when she retires from active service.

This is one of the most important of our committees and should receive the active assistance of every nurse who can aid in this constructive period by giving to Miss Davis or to either of her associates any facts which may come to her knowledge having a bearing on the successful establishment and management of any such fund.

OMISSIONS FOR WANT OF SPACE

The number of announcements of graduating exercises sent to the Journal during the summer months has been unusually large. To publish them all in full would practically occupy the whole number, conse-

quently rather than seem unjust to any, we have decided to omit them all for this season.

Many of these took place in May and June and the programmes were of the usual order. It is interesting to note that each year more attention is paid to the graduating classes as their members sever their connection with the schools, that these exercises are taking on more of the form and importance of such functions in other educational institutions, the social side not being omitted, in which the alumnæ associations are taking a prominent part in the entertainment of the graduates.

In contrast to our own graduating exercises, which consisted of a less than five minutes' interview with a member of the training school committee who had never condescended to speak to us before, a most formal presentation of the diploma with the somewhat cold remark, "You have done very well,"—the festivities enjoyed by the graduates of today seem to be in delightful contrast.

Another progressive feature, which is increasing slowly in different sections of the country where training schools are affiliated with universities, is that the nurses are graduating with the student body, dressed in the academic cap and gown. This is perhaps more marked in the west and this particular kind of affiliation and development we hope to see increase rapidly over the country.

A PROPOSED NIGHTINGALE MEDAL

At the International Red Cross Conference, held in London in June, Compte A. de Csekonics, the representative of the Hungarian Red Cross Society, paid a beautiful tribute to the work of Miss Nightingale, calling attention to her personal service, to her modesty and self-forgetfulness, to the value of her Notes on Nursing, and to her work as a founder of the system of modern trained nursing.

He introduced a resolution which reads as follows: "The incomparable name of Miss Florence Nightingale, who has earned for herself unforgettable renown in the sphere of humanity and elevated the task of caring for the sick, once so humble, to an art of charity, imposes on the Eighth International Conference of Red Cross Societies the noble duty of rendering homage to her virtues, firstly, by a warm expression of its high esteem; by establishing a Nightingale foundation with a commemorative international medal intended solely for such ladies as shall have particularly distinguished themselves in the work of nursing."

It was agreed by the Conference to refer the project to its various branches in the different countries before taking action upon it.

A Nightingale medal, to be bestowed by the International Red Cross organization would be an honor greatly prized by any nurses who might win it.

WORK FOR RED CROSS NURSES.

THE account given on another page of this magazine, of the relief service performed by Red Cross nurses in Boston during the celebration of Old Home week, suggests a present and most useful form of work for nurses enrolled under the Red Cross.

It is always somewhat hard to keep one's enthusiasm at top pitch for indefinite work to be performed at some vague future time, but if Red Cross nurses can prove of constant service in the communities where they dwell, greater numbers will be ready to enroll themselves, and this practice in first-aid treatment on minor occasions will be no poor preparation for the greater emergency of a national calamity.

WORK OF THE INTER-STATE SECRETARY

WE want to urge the officers of state associations to respond promptly to Miss Sly's appeal found in the official department for printed matter relating to state organization, registration, etc.;—and to the officers who are new, and who have perhaps not followed the work closely during the past year, we would say that the inter-state secretaryship has proved to be, under Miss Sly's able management, one of the great forces in the registration movement. Since the creation of that department there has been a recognized fountain head to which the state workers could turn for information and assistance. From Miss Sly they receive the printed reports, copies of bills, etc., from the other states, and also her personal advice, and at many times the inspiration of her presence at public gatherings.

Miss Sly's being an officer appointed by the Associated Alumnæ brings the state work into close and definite affiliation with that society, a relationship which it did not have in the beginning.

We would also remind state officers who are seeking information from Miss Sly, that they should prepay postage and express on all packages, and also, when her presence is desired in public meeting, that they should provide for her travelling and hotel expense.

THE PARIS CONFERENCE

Miss Dock's report of the Paris conference needs no word of ours to add to its intense interest. Nurses all over the world will rejoice that the meeting was so largely attended and that it was in the fullest sense so unquestionably a success.

Miss Dock will send us for the October number an account of nursing conditions in France, and in the same number we shall publish Mme. Gillot's paper on the "Early Teaching at the Salpêtrière."

THE NEW YORK STATE MEETING

After an interval of eighteen months, the New York state nurses' association will hold its regular meeting in Syracuse, in October. The first announcement is found on another page and the full program, etc., will be given in the October Journal. We want to remind individual members and affiliated societies that it is time to be considering plans for attending the meeting and the appointment of delegates.

NURSING THE INSANE

By WILLIAM L. RUSSELL, M.D.
Medical Inspector for the State Commission in Lunacy, New York

Not so many years ago, but that the terms are still employed occasionally by the ill-informed, institutions for the insane were known as "madhouses," and those who looked after the inmates, "keepers." The principal qualifications of a "keeper" were a phlegmatic temperament and a strong arm. Later, when more humane and intelligent methods came to be applied, "attendants" took the place of the "keepers," and good moral character, a kindly disposition, and a fair degree of intelligence and common sense were required of them. Within the last twenty-five years, a further and still more significant development has appeared in the establishment of training schools and the training and employment of "nurses" in the institutions for the insane. The resources available for the training of nurses, and the nature of the duties of a nurse in these institutions are probably not well understood by the general body of nurses, and others interested in the care of the sick. The prevailing views are perhaps accurately expressed in an editorial which appeared not long ago in a metropolitan medical journal, and was in part as follows:

> Except in cases of casual illness, the nurse in a lunatic asylum has little occasion to train herself or himself in the duties and attentions that make up the nurse's occupation in caring for the sick and injured who are of sound mind. Hence the service is not popularly supposed to qualify a person for the general career of a nurse.

To traditional views of insanity, and to the peculiar nature of illnesses which require that the sufferers be cared for apart from others, is due the prevailing ignorance, which prevents even those otherwise well-informed, from associating mental disorders with disease processes, manifested by familiar and more readily apprehended physical symptoms. And yet, to the student of insanity, mental depression or exaltation may be as clearly a symptom as physical pain or an eruption; mental dullness may indicate disease as plainly as physical weakness; and morbid ideas and fancies as plainly as fever. These mental symptoms may not, indeed, in themselves require of the nurse the ordinary duties and attentions that make up her occupation in caring for the sick and injured

of sound mind, and to the extent in which they do not, nursing the insane may be looked upon as a special branch,—but only a branch—of general nursing. A very slight acquaintance with the details of the physical condition of the patients admitted from day to day into a large institution for the insane, and with the methods of investigation and treatment employed, would convince any nurse, that, after all, most of them were sick people, even as she understood sickness, and in need of the duties and attentions that make up the nurse's occupation even as she understood it. She would find that a large proportion of them were put to bed, and became the subjects of most active nursing procedures; that temperatures, pulse and respiration rates were carefully noted; that baths were given, medicine administered, and food prepared and served with the utmost care and system; that symptoms, physical as well as mental, were watched and carefully noted. Much that she would observe in the physical condition of these patients, and most of the duties and attentions of the nurses would be exactly what she had become familiar with in nursing those of sound mind. In the respects in which there were differences, she would readily see how the same principles underlay all, and that there was no sharp line of separation at which the knowledge of general nursing could be left behind and a purely special field entered upon.

To those entirely unfamiliar with the wards of a hospital for the insane, however, no description could perhaps make perfectly clear the degree in which the nursing of a considerable portion of those admitted affords opportunities for training and experience in general nursing. More readily appreciated, will be a reference to the degree in which prevail ordinary physical illnesses and surgical conditions of a nature in which the duties and attentions required of the nurse would unquestionably be those that make up the nurse's occupation in caring for the sick and injured of sound mind. There are in the state of New York, fifteen state hospitals for the insane. Two of these are for criminals and will not be considered. The number of inmates of the thirteen civil hospitals is about twenty-six thousand, the largest hospital having about four thousand four hundred, and the smallest about eight hundred. The number of employees is about five thousand, making in all a population of about thirty-one thousand persons, who are liable to the ordinary illnesses and casualties of any community. Owing to the average age of the inmates, and the fact that they are all subjects of disease, the death-rate is three or four times that of any ordinary community, and the prevalence of illnesses of one kind or another is proportionately great. During the fiscal year ending September 30th last,

the number of cases of various illnesses, other than strictly mental disorders, requiring nursing, was as follows:

	No. of cases.	Average for each hospital.
Infectious diseases including erysipelas	375	28.8
Tuberculosis	1068	82.0
Intestinal disorders	1313	101.0
Other diseases of the digestive tract	486	35.8
Abdominal and pelvic diseases (not surgical)	330	25.3
Pneumonia	349	26.8
Other respiratory diseases	594	45.6
Heart diseases	603	46.3
Other circulatory diseases	250	18.4
Paralyses	581	44.6
Other nervous diseases	631	48.5
Miscellaneous general diseases (Rheumatism, Bright's disease, diabetes, etc.)	981	75.3
Surgical conditions (without operation)	710	54.6
Genito-urinary conditions in the male without operation	221	17.0
Fractures	167	12.8
Obstetrical cases	31	2.3
Surgical operations (not abdominal)	407	31.3
Surgical operations (abdominal)	67	5.1

The number of officers and employees and members of their families who received nursing was seven hundred and fifty-nine, an average of about fifty-eight from the sane portion of the population of each hospital. The total number of cases of physical illness and surgical conditions which received nursing during the year was therefore nine thousand nine hundred and twenty-three, or an average of seven hundred and fifty-three for each of the thirteen hospitals. The average number of patients in bed daily from all causes, including the more strictly mental cases, was two thousand and seventy-nine,—a daily average for each hospital of about one hundred and sixty bed cases. The minimum at any hospital was forty, and the maximum four hundred and thirty-one. The number of surgical operations requiring nursing was four hundred and seventy-four, an average for each hospital of about thirty-five, the maximum number being one hundred and forty-seven. There were also a very large number of minor operations, and of repair and dressing of injuries, at which surgical experience was obtainable, which are not recorded. A very large number of gynecological treatments was also given. The figures given above were obtained from the hospitals in response to an inquiry for information in regard to "the material available in the state hospitals, for training nurses in the care of such physical conditions as

are met with in general hospitals." It will not be possible in the limits of this article, to explain in detail the way in which this material, and the much larger amount of material furnished by the more strictly mental cases is, and might be further, utilized for the purposes of training schools for nurses. A brief account of the origin and present status of the schools in institutions for the insane, especially in New York state, is all that will be attempted. The purpose is to stimulate interest and the inclusion of the insane, in the tender consideration and liberal support extended to the nursing of the sick in general.

Knowledge of the origin and development of training schools for nurses in connection with general hospitals is part of the common stock of information possessed by all interested in nursing. The schools connected with hospitals for the insane are to some extent an outgrowth of the general hospital schools. The first one was established at McLean Asylum, Somerville, Massachusetts, in 1882. Previous to this attempts had been made in various places, to improve the attendants by means of courses of lectures and instruction. Nurses trained in general hospital schools were also employed in some of the institutions with a view to securing better care for the bed cases, and applying the principles of general nursing to the methods of caring for the insane. These efforts were no doubt useful where they were applied, but represented no definite system of reform applicable everywhere. The Superintendent at McLean, Dr. Edward Cowles, had previously been superintendent of the Boston City Hospital, and had established the training-school there. When he came to the institution for the insane, the problem of better attendants, which had for so long engaged the earnest attention of his predecessors and colleagues, soon presented itself. His recent experience at the general hospital no doubt, enabled him to see the possibilities and requirements of the situation and the best ways to meet them, more clearly than others, and after five years of experimentation and preparation, the establishment of a training school on the lines of the general hospital schools resulted. In the paper read at the International Medical Congress in 1888, Dr. Cowles gave an interesting and stimulating account of his work. The paper was published in *The American Journal of Insanity* for that year, and did much to point out the way for the establishment of other schools on similar lines. Few institutions for the insane, except the smallest, are now without this feature in their organization, and a large proportion of those employed in caring for the patients are graduates of the schools. So indispensable to efficiency is the training considered, that the regulations of the Commission in Lunacy of New York state require that even in the small

licensed private institutions and houses, at least one graduate be employed as a supervising nurse. That the establishment and work of the schools have been extraordinarily helpful in bringing about improved methods in the treatment of the insane, and in the organization and administration of the institutions will, I think, be generally conceded, and this is the fundamental purpose for which they were established and are maintained.

Dr. Cowles states that one of the considerations by which he was actuated in establishing the school at McLean, was the importance of attracting to the service those who wished to prepare themselves for the more remunerative, and to many, the more congenial field of general private nursing. If this could be accomplished, a more highly competent class would be secured to care for the patients in the institution. However, "the service is not popularly supposed to qualify a person for the general career of a nurse," it seems, so it must be admitted that on the whole, the schools have not succeeded in attracting as desirable a class as the general hospital schools. There are nevertheless exceptions to this, relating to individual schools, and to the individual graduates and pupils of all the schools. Instances could be cited of many of the graduates who, without any supplementary training, or at most after a very brief period of such training, have taken up general nursing and have been successful. Of one hundred and sixty-nine graduates of one of the training schools connected with the New York state hospitals, forty-four were men and one hundred and twenty-five women. Of the women, four have been lost track of, six have died, three have taken up other work than nursing, forty-one have married and left the work, thirty-one are still employed in the State Hospitals, one is matron of a reformatory, two are in private hospitals, one as superintendent, two have responsible positions in general hospitals, and the remaining thirty-five are engaged in private nursing. From the last report of the McLean School it appears that in twenty-two years there have been five hundred and sixty-eight graduates, of whom three hundred and sixty-one were women and two hundred and seven men. Twenty-nine have died, and one hundred and twelve of the women have married and left the profession. Thirty-two remain in the hospital as nurses and seven as officers. Thirty-five have gone into other business, and thirty-five are at home. Of those who have continued actively employed outside the institution, three are superintendents of hospitals, seven are superintendents and five are assistant superintendents of nurses, thirteen are medical students, thirty-five physicians, eight dentists, two dental students, one a clergyman, one a missionary, four lawyers, four massage operators, one a chiropodist,

two students, and one hundred and sixty-nine are engaged in private nursing. In both the large public institution and the smaller but wealthier private institution, the possibility of giving a training that will qualify for the general career of a nurse seems to have been demonstrated, and other instances could readily be cited. The conditions at McLean are, no doubt, peculiarly favorable, and better results may be expected there than elsewhere. On the other hand, the large institutions possess certain advantages, and the resources of the state in carrying out a project of use to the people should not be underestimated.

The training schools for nurses in connection with the public institutions for the insane can hardly have yet realized the possibilities that would seem to be within fairly easy reach, and until they do, the limits of their resources can scarcely be clearly understood. It must be recalled that the emancipation of the insane from chains, whippings, hunger, darkness, and all sorts of brutal neglect, began little more than a hundred years ago, and that the full consummation of this reform has been scarcely reached even now. The prevalent methods of dealing with questions relating to insanity, the degree in which police methods are employed in disposing of insane cases in a community, and the treatment to which the insane are subjected wherever specially trained physicians and nurses are not in control, even in general hospitals, sufficiently demonstrate the sharp distinction that is still made by the public between mental disorders and all other forms of illness. The humane care of the insane under the supervision of the state has become an accomplished fact, and much progress has been made in the systematic employment of remedial measures. We are now in the midst of developments in this direction. Purely custodial problems, however, continue to absorb the best efforts of those engaged in the work. Financial support by public funds is dependent to a great extent upon the popular conception of the usefulness and importance of the object, and the support of any special feature must depend upon the support of the work as a whole.

The establishment and development of training schools for nurses in connection with the public institutions for the insane has been under quite different auspices than those that prevailed in the case of the schools connected with the public general hospitals. The movement for the better nursing of the sick, from which the general hospital schools resulted, did not include the insane. There was a strong popular support back of this movement, and women of the highest character and intelligence took up the work from the beginning. Graduates of superior attainments soon became available to be organizers of new schools, and the movement followed quite definite lines. In connection even with

the large metropolitan general hospitals, supported entirely by public funds, independent organizations supported by the benevolent, were constituted to conduct training schools and provide for better nursing. Nurses' homes were built and endowed, and the best intelligence available was applied to the problems involved. In the establishment and development of the schools connected with the public institutions for the insane, the conditions have been quite different. The problem has been purely an institution one, connected with efforts for the improvement of the care and treatment of the patients. There has been no support and little pressure from without official circles. No organizations of the benevolent have provided independent schools; no nurses' homes have been donated; and no high class graduates of pioneer schools have been sent hither and yon as organizers. The forces available as teachers and pupils when the work started, were respectively the medical officers of the institution, and those who were employed as attendants. As classes were graduated the more intelligent among the graduates were given the preference in promotion, and became with varying degrees of efficiency the teachers of others. In this way the schools have been gradually built up. Fortunately, the institutions for the insane are organized on strictly medical lines, under a medical superintendent and a permanent resident medical staff. Much time and labor are given to the work of the schools by the medical officers. In some instances the woman physician, of which there is at least one on each staff, is practically the principal of the school. Thus far the position of principal has not been definitely provided in the New York state hospitals. The present regulations require, however, that only a graduate nurse can be appointed as matron. Several of the matrons thus appointed have rendered the most valuable service in the organization and work of the schools. In other instances the position is filled by women who were appointed before the regulation requiring nurses went into effect, and who are not nurses, and in still others the appointments were made with reference to qualifications for other features of the hospital work than the training schools, or the position has been allowed to remain vacant. The gap is filled as far as possible by supervising nurses, and the attention given by the woman physician and other members of the medical staff. Considering the difficulties, the work is on the whole carried on with marvellous efficiency. The schools, however, do not stand out as such a definite feature of the hospital organization as in the general hospitals.

The mental aspects of the nature and treatment of disease are today receiving a degree of attention which has never before been given

them. In a recent edition of a well known text-book for nurses, it is suggested that every nurse could profitably spend a few weeks in a good institution for the insane in order to round off her studies for general work. The paragraph closes with the statement that, "if a woman, after having had a good general training, is successful in taking care of nervous patients we need never fear to entrust her with any case of sickness." The writer has tried to show the possibilities in the large public institutions for the insane, for the development of training schools for nurses which will, themselves, be able to provide for not only a good general training, but also that special training which will lead to the highest efficiency. These schools have already been established, and have accomplished a splendid work in the interests of the good care and treatment of the insane. Some of them have reached a stage of efficiency which enables them to send out graduates who would be a credit to any school. Here is a field of nursing which has never been included in the consideration of those whose minds and hearts have been devoted to the problem of providing better and better nursing for the sick in general. State supervision of the training of nurses is doing much to stimulate better methods, and the schools connected with institutions for the insane are not behind in striving to meet all reasonable requirements. Those interested in the broader aspects of nursing can scarcely fail to see the advantages of fuller coöperation among all the branches of nursing activity, and it may be confidently expected that in the not distant future, efficiency in the nursing of mental disorders will be required of every high grade nurse.

A NEWSPAPER CHARITY

The *Chicago Daily Tribune* has for four years maintained, by the help and interest of its readers, a summer charity, consisting at first in a distribution of free ice in the congested districts. Later, the work branched out and included a summer tent colony for sick or convalescent women and children. This year a permanent summer hospital is being erected at a beautiful spot on the banks of the Fox River, near Algonquin, Ill. This work is under the direct supervision of the Chicago Bureau of Charities, managed by Miss R. Brickell Holmes, with a staff of excellent attending physicians and six resident trained nurses. About seventy-five patients can be accomodated, the length of stay averaging two weeks.

THE WORK OF THE ASSISTANCE PUBLIQUE FOR NURSING EDUCATION*

By M. G. MÉSUREUR

Director of the General Administration of the Assistance Publique of Paris

My friend, Dr. Bourneville, with the great experience which thirty years devoted to hospital training has given him, will tell you presently of the considerable efforts made by the city of Paris to ensure for its hospitals the help of capable and devoted Infirmières. I will not break into his subject, and my words will be few.

I shall only try to recall the (too often unhappy) attempts made by the hospital administrations of Paris to establish a body of lay Infirmières, and to remedy the difficulties of recruiting their ranks, difficulties the same to-day as they have been for the last two centuries.

In the eighteenth century a first attempt was made to form the staff at the General Hospital (Salpêtrière) which was recruited from young girls or widows either retired from the world or without fortune. The regulations were remarkable, and still deserve to be consulted. The staff was directed by a Superior, under the direction of a Hospital Bureau, composed chiefly of members of parliament. Under the "officières" were placed "filles de service," and another class called "filles de malades" worked more especially among the sick.

The difficulties of finding recruits for the Institution at first was soon succeeded by another difficulty, which became an abuse. The persons applying were too many. The profession—if at that epoch it can be called a profession—became a refuge for the unfortunate both physically and morally.

During the first half of the nineteenth century—from 1802 to 1849—no one knew how to remedy this abuse. It was once thought of replacing these paid servants by orphans from the "Hospices," but this project was abandoned, and in 1836 we find a new organization of the officières, superintendents, and servants; they were divided into eight classes, with wages gradually rising according to their class. It appears that this reform produced little effect. The complaints of the medical officers of the untrustworthiness and incapacity of these people were many, and the religious bodies who had the superintendence of the Hospital, appear to have made no attempts to instruct or to improve them in morals.

* Paper read at the opening conference of the International Council of Nurses.

In 1845 a more serious attempt was made. A resolution settled the conditions of admission of the employées, which had hitherto been left to the discretion of the superiors and directors of the Hospital. Old age premiums were also awarded, and pensions and almshouses given to those past work. Unfortunately the funds failed, and the reform resolved on was of little avail.

The law of 1849, which is still in force in the Assistance Publique of Paris, gave to a responsible director alone the management of the interests of the hospitals. This new organization had an immediate effect on the *personnel* of the hospitals. A general *repertoire* was established, where the antecedents of each worker were pigeon-holed. Her moral value, zeal, and aptitude for her work were noted. It was now possible to follow each one's work, and by degrees to establish a general purification.

Nevertheless, the evils so frequently demonstrated still persisted; this staff, without professional education, without special aptitude, manifested still the same faults—insubordination, instability, immorality. The necessity for reorganization was put before the Vigilance Committee with reference to the budget of 1861, and fresh regulations were enforced which control the recruiting and salary, the general organization of the surveillantes, sous-surveillantes, suppleantes (sisters, staff nurses, probationers), nurses, and night nurses, etc. It also organized the system of premiums, rewards of merit, and prizes, a system now nearly at an end on account of the higher salaries given.

The classifications adopted in 1861 were modified, even complicated, during the following twenty years by a series of reforms which had for their object the improvement of the status of the lay staff. The Municipal Council of Paris, after having repaired the disasters of the war of 1870, took in hand the reorganization of the whole municipal service. The Assistance Publique was the object of its most active work. A group of Progressives, chief among whom was Doctor Bourneville, understood that the real reform needed was in instruction and education, and moral tone, and the first "Schools of Infirmières" were founded in 1878 at Salpêtrière and at Bicêtre, and later at La Pitié and Lariboisière.

The question of professional training of Infirmières was thus first raised in Paris, and gradually universally. The public institutions, like the private ones, understand its importance and its necessity. This Congress itself is a most brilliant proof of this feeling.

The Assistance Publique of Paris, since the year 1880 has (although insufficient since expenditure is limited), established for the last twenty-

five years a nucleus of *élite* superintendents and Infirmières, whom you will appreciate if you visit our hospitals. It has continued to work for the betterment of the status of the staff, the recruiting of which grows more and more difficult, and though more difficult, is not always any the better. A recent regulation, dating from 1903, raised the scale of all wages, limited the working days to twelve hours, meals included, gave holidays of twenty-one to twenty-five days a year, gratuitous medical attendance, payment of wages before and after accouchements, and for men during military service. Workers attacked with tuberculosis may receive a salary for nearly three years, and we have for our Infirmières a convalescent home and a sanatorium; lastly, an honorable refuge is assured to all.

At the present moment we are improving the diets and sleeping accommodation by the suppression of dormitories and by indemnifying those who are lodging outside the hospital. The moral dignity of the staff is safeguarded and encouraged by the presence of its delegates on a council of discipline, and by the gift of honorable rewards by the republican government for devotion to the sick, medals for work in epidemics, and the medal of honor of the Assistance Publique. To-day all our efforts are directed to a better recruiting of the female nursing staff; we have instituted a preliminary course at the Salpêtrière, and we are at last going to open our school for nurses; in fact we have understood that technical training and professional education, must be given to young girls and young women before expecting them to become practical nurses.

We must, during the first two years of residence, which we shall impose on them, test their vocation, subject them to severe discipline, and teach them the indefatigable devotion which the care of the sick requires. It is on the threshold of this school, which you will visit on Thursday, that I give this historical summary. I have the firm conviction that our school carries within it the germ of the great revolution from which must develop the beautiful profession of the French Infirmière.

ENLARGEMENT OF THE BELLEVUE NURSES' CLUB

The Bellevue Nurses' Club has been enlarged, and in addition to the club room has two floors occupied as bedrooms. The rooms have been beautifully furnished through the kindness of the president of the board of managers of the training school.

A FEW PROBLEMS OF THE PRIVATE NURSE*

By MARY CLOUD BEAN
Graduate of Johns Hopkins Hospital

It has seemed to some of those who are prominent in directing this state meeting of nurses that we graduate nurses may, with distinct profit, leave for a time public charities, labor problems, and sundry other large and important outside subjects that insist on every now and then cropping up in our midst, to the exhibition of the people whom they more nearly concern, and turn on, instead, a few search-lights in our own vicinity,—that nurses need to know nurses and nursing far more than they need acquaintance with these external if somewhat allied questions of human welfare. It might appear rather reasonable that we should concentrate a bit, and come home and look over our attic possessions, and those in the cellar as well: so this time we are a meeting of nurses; and hence the titles of our papers.

Private nursing, a vast section under the parental roof, comes by fate to me, and if I but touch lightly on a few of its divisions you will know that I merely wish to suggest, and that other papers and the words of wisdom that some of you have laid by for the moment of discussion, are our dependence for real enlightenment. I approach the subject with respect and in the spirit of an earnest seeker after truth. Few people have more problems than the private nurse because few people have more varied experience. By far the larger portion of the women who nurse are private nurses, and for them no one carries a brief. They are rather a down-trodden lot, with few champions, and each one works out her own salvation. We hear much and see much in print of other phases of nursing work, regardless of the fact that it is the rank and file, the more or less humble "special" nurse who forms the great body of her profession and on whom, very largely, its honor depends. Did it ever occur to some of us who are here to-day, that we are perhaps less proud of the distinction of being *good* private nurses than we should be? That we ourselves honor, rather, our friends who make up the executive personnel of hospitals, who are district nurses, or who have branched out into one or another of the several new lines of work for nurses? Was there ever an association of private nurses to study and report on private nursing? There is, we know, an association of

* Read at a meeting of the Maryland State Association of Graduate Nurses.

superintendents, and our district people go off to conventions, and all wax more important than the nurse who does private duty. She seems—is, perhaps—content to get through her each day's work and go on to the next without a future, without a thought of rising beyond the imperious necessity of bread—and a few clothes—and occasionally a penny for a rainy day. She passes, not infrequently, from house to house without inspiration, without an impression on the house's occupants, other than to have done her more or less faithful duty by the patient. Between cases she variously fills in her time in resting, going to the theatre, repairing her wardrobe and seeing a few neglected friends. If she is sometimes not above a good deal of ill-temper when off duty, or of narrow criticism of doctors and patients, her hospital, her living quarters, the registry under which she works, or of her fellow-nurses, all this is not of necessity because she is an unamiable creature, but because she overworks, leads an irregular and sometimes precarious existence; does not always hold herself up to the mark in her profession, and so gets out of tune with her surroundings and her work. The private nurse is many times the nurse with financial burdens; other branches of nursing pay too little to be taken up by nurses who must have money. Sometimes, too, the private nurse is out for gain for selfish reasons. She likes what she can acquire with money. If this be in reality her motive in nursing, she has but little happiness ahead of her. The game and the candle are too much at variance. On the other hand, that private nurse who works for legitimate gain in finance, in a proper spirit of altruism and for a love of her work, keeping in view a constant uplift for herself and the people with whom she comes in contact, may have and does have a pretty happy existence. But it will not be an easy life; she must make up her mind to a few sacrifices.

Nursing conditions have changed of late years very considerably. Formerly, when called to a case, the nurse went into a home, rolled up her sleeves,—figuratively, if not literally—plunged in for something like twenty hours' duty out of the twenty-four, got her patient barely out of bed and returned exhausted to recuperate for the next breathless case: and that was all of nursing. Never one long nervous case of months' or even years' duration, where the nurse, when the immediate treatment is over, goes off with her patient to the seashore or to Europe, or holds up the still weak hands—or rather mind,—in the patient's own home till the requisite strength and courage at last arrive and the invalid takes up again her accustomed duties. Nor, though never so much of a necessity as now, was the nurse before retained as a matter of luxury or as a general buffer against outrageous fortune. Larger

incomes on the part of patients and the increasing knowledge on the part of the world in general that in a nurse they have something trained and stable as against amateur and spasmodic efforts from friends and relatives, not to speak of the inefficiency of other paid assistants, have considerably popularized the nurse. If she is not always, in the words of our good Marcus Aurelius, "like a promontory of the sea against which tho' the waters beat continually yet it both itself stands and about it are those swelling waves stilled and quieted," she is many times the main support, mental and moral, of an entire household—guide, philosopher, and friend, to a large circle. In these capacities—this newer nursing—the nurse may have brought into play all her qualities as a woman, all her capabilities as a manager of households, and trainer of children, all her knowledge of finance, all her social gifts; in fact, all the gifts of a most liberal fairy godmother, aided by vigorous hospital-training and a full knowledge of the world, will be none too good equipment for the demands that she may be called on to meet. Above all else, she must possess that glorified common sense known as tact, for without it she is a failure here or anywhere. Tact—we call it that for want of a better name—is the governing rod in the whole machinery of nursing. It controls the power. A nurse has got to feel when she may or may not enforce rules, when she may give reasons and when it is wise *not to know*. She must have conscious strength, and the patient must realize her superiority. Sometimes her best efforts may go unappreciated, but the public is a pretty discerning thing, and a nurse's average rating is rather apt to be arrived at in a career of not necessarily many years. She is often a sort of moral sign-post to a numerous following of patients and their friends who yield her unlimited homage, who seek her out, and who quote her and make her life miserable by over-praise and over-kindness—a species of adulation that is as harmful to the nurse's development as are the discouraging criticisms of a quite opposite clientele. These latter people never are pleased, and if an angel came and ministered to them would find his wings taking up a deal too much space in their bed-rooms. But as neither of these forms the major part of one's nursing field,—we repeat it, the public knows fairly well what kind of material is in a nurse. It is well if she examine herself now and then and tabulate her sins no less than her virtues.

Let her have, in dealing with the world in nursing, that strong sense of justice that makes it impossible for her to see only one side of a thing; else is she apt either to fall into a neglect of herself, her health, and her rounding out of character, or else fail of her full duty to the sick man and his family. She should grasp the whole situation.

She must for herself have proper rest, and food, and recreation. Worn in body and spirit, what nurse can give her best care to an invalid? Yet, thinking chiefly of herself and her material benefit, how is she to get the heart that must go to help, as the brains in mixing paint, in the serious fight that lies ahead of any illness whatever? If we do not love our work, fellow-nurses, if we have not that enthusiasm that moves mountains, which is faith enlivening our works, we might better lock up our diplomas, refuse the coveted R.N. and leave our places to better women. I have spoken of the nurse's need for rest, which is essential; but is the nurse always wise or kind when, in order to get relief, to have time to herself, even necessary time, she makes the demand for another nurse on her case? Remember that the cost of even one nurse, though she save the sixty pounds that were formerly spent in drugs, is a distinct burden in the average—or above the average—household. Two nurses, sometimes three, fairly swamp a small income. The doctor, perhaps, advises a second nurse—certainly is willing to call her in—but the doctor may not think, as you certainly should, of what this means financially and in accommodation, food, and so on to the patient. Could you not, by instructing some member of the family, or a servant, or a careful friend of the family, take your rest, and feel that your patient is cared for? Many times this would be quite possible, the patient none the worse for it and the family certainly grateful. We *sometimes* fail to consider the family rights as we should. We put off at arm's length all who mean anything to the sick man and forget the agony of spirit these people undergo, or what the patient misses in the accustomed smile or the tender touch of those who love him. We should use judgment as to who and when, but I doubt that we have always the right to break into families as we do, upset their running, and add to the terrible shock of illness an alien element of unsympathy and austere demeanor.

Much has been said and thought on dealing with other people's servants. This problem each nurse must solve for herself at each new case. She is perhaps fortunate in these days of domestic uncertainty if she has servants to contend with, and we can only give her our kind wishes for success in their management and the caution that a servant needs very slight extra excuse to "give notice" anywhere, and that diplomacy is with servants as useful as in courts or embassies. Some of our nurses might be able to tell us, and I hope will do so, how they have met the practically no-servant problem, and how they have succeeded in nursing in apartments and boarding-houses, where conditions are materially different than in the nursing of former days. Limited

space, limited cooking facilities, little privacy and no quiet, mean a change in one's former habits and practices that call out the ingenuity of the nurse very fully. Again, other nurses might tell with advantage how they have nursed in hotels, where conditions are simpler because service is better, and things may always be got and set at one's hand, but where the nurse is fairly a prisoner in the one or two rooms at command, and where she may not ever leave her patient's room without a change from uniform to other clothes. Hotels do not allow nurses' uniforms at their tables, and no nurse wants to appear in public in her nursing garments. She must either adopt a dress of pongee or other wash material, perhaps, that is presentable and does not attract attention, or she must have her meals sent up. This last is an expense to the patient and gives the nurse no meal-time relaxation. With convalescents and nervous patients in hotels, ordinary dressing, not over-conspicuous in any way, is better form and more pleasant. Nursing the very wealthy, too, either in houses or hotels, those who are not seriously ill and yet are not well, and like to have a nurse around, presents its own problems. How far one may serve these patients and not infringe on the maid's proclivities, and not pauperize, so to speak, the patient's own stock of independence and of moral backbone,—this requires a certain staunchness with kindliness that is somewhat rare and is to be always borne in mind with wealthy and exacting patients.

Each nurse must settle for herself how she can reach the very poor in a nursing way, or if it is possible for her to help the less easily aided and quite self-respecting class above the poor, who have not twenty-five dollars a week to pay the nurse's salary, yet who would so gladly pay half that sum to get skilled care for its sick. These are often the very people who appreciate most the refinements of nursing, and who suffer most when they lack good care. So long as we have one price for all kinds of nursing and all kinds of nurses, so long will the need of the moderate income patient go unfulfilled. Is the day not drawing near when a nurse may exercise one rule of any profession whatsoever but our own, and admit the wisdom of less rigid and less set prices?

Ours is the only profession which has not yet adopted a sliding scale of charges. This may have been to our credit, for living has tremendously increased in cost, and incomes other than our own have grown larger all about us. At least one railway has quite recently raised considerably the pay of its employees, showing the tendency of the times and the necessity of considering the "under dog." Yet nurses get to-day the same compensation as twenty-five years ago, and that for work which has cost them three years of hospital-training instead of

two years, and whose preliminary demands are to be compared in no way with what was not long since exacted of nurses. If one nurse is worth five dollars a day and another but two, why should each draw three dollars and fifty-nine cents, and this in New York City where the nurse's living is at the top of the scale in expensiveness, as well as in a small country town where low priced commodities make living not over half so costly, and where the man who pays has not one-tenth the money to pay with that the city man possesses? You may say that a nurse gives her best in every case, and is entitled to the same return in every instance. Is a surgeon less careful in operating if his patient is poor and can pay only half the usual charge, or is a lawyer less conscientious, if he is half a man, in the conduct of the poor man's case than in the business of a moneyed client? I think the moment is upon us when we must at least stop and look about us and consider these matters. I have been told of a French nurse in Paris,—trained in France,—who gets thirty francs (six dollars) a day for her work. She has a reputation in typhoid cases and is sent out by one of the best consultants of Paris. This brings us to the question of specializing in nursing.

A nurse may not care to register against certain kinds of cases; though it is conceded that she may do so, I believe, in almost any registry, and there may be valid reasons of health or surroundings for the exclusion of tuberculosis or contagious diseases, and for refusing to nurse an obstetrical case without previous experience. Ethically it may be, a nurse could refuse any line of work she feels incompetent to undertake, but practically it seems this presents difficulties far too many for the average registry to cope with. A more plastic system of fitting nurses to cases would be to admit specializing and hail it gladly. There is small reason why the nurse who prefers nervous cases and feels competent to carry out psychotherapy, should run to the first operative case that wants a nurse, or the famous obstetrical nurse take a patient with typhoid fever—none whatever. The doctors do make an effort sometimes to discriminate, but doctors don't always know the nurse, nor have some of them the first gift in selecting the right nurse for a patient. The registrar's privileges too are limited. She must not fail to keep in mind rotation of nurses, the place on the list; emancipation and specializing in consequence are needed. The growing popularity of post-graduate courses for nurses will make specializing possible; but this post-graduate field is a large one and post-graduate courses are not perfected everywhere, and not yet appreciated everywhere. They require separate papers and full and distinct discussion.

Is there any section of our work, where we have not vast

quantities to learn, immense problems to solve and new worlds to conquer? It is all so filled to overflowing with interest—so calling-out to be thought over, and prayed over, and discussed—that it does not seem possible any one of us can sit idle, can be held down and not want to get up and talk and stir up matters. We can't stay where we are; we must grow or die, and we won't die.

I have one last idea to put before you. How far can a nurse go in nursing men? That is, where is she to draw the line between a sick man, who in common humanity must be taken care of, and a man who is only nervous, a psychasthenic, who rather enjoys the society of a pleasant woman and willingly remains in her care for indefinite weeks or months? It is not the doctor who is going to settle this for us. He is a man himself, and he is too busy to think of everything. He must be too busy at least, or we should not have the lamentable spectacle of a young and attractive woman—a nurse—travelling unchaperoned, or but insufficiently chaperoned, with a man who only too evidently is not ill, as the public sees illness, and who would better have been sent back to his work if he cannot content himself with another man as servant or friend. Even in a man's own home, or in a hospital, where the rules of the place impose restraint, it is not always easy to nurse a man unless he is really ill, or unless one has the years or experience of life that arm one effectually against acts that are misinterpreted or put one beyond all reach of criticism. But in the open, in hotels, much has been the discredit brought on nurses by the exhibitions of bad taste on the part of young nurses in appearing with men, at times too when the very indifference of the nurse to any marks of attention made her fail to see what the world saw, and her high-mindedness made her scorn the thought of any criticism of her behavior. I should advise the nurses to think well on this subject, and if you are young, to be very careful what you do. The world manages the search-light and judges not only the individual nurse but most nurses by what it sees.

Nurses have been told not to prescribe drugs, but nurses still prescribe drugs. They have been warned against wastefulness in the use of other people's supplies, yet we hear of instances of great extravagance, —offset fortunately by stories of how a nurse was now and then mistreated—and abuses will always exist. The happy thing is that more and more we learn our faults, we see our opportunities day by day, and we do the best that it is given us to do in greater numbers continually. The millennium of private nursing will be when there are no more problems, when nurses are equally compounded of heart and mind and body, and all patients see their good points and are thankful.

OUTLINE OF THE CONVALESCENT RELIEF WORK AT BELLEVUE HOSPITAL, NEW YORK CITY

By MARY E. WADLEY
Nurse in Charge of Convalescent Relief Work.

The initial year of this Social Service or Convalescent Relief work in Bellevue Hospital was completed the first of July. During that time one thousand four hundred and fifty-three patients were brought to the attention of the visiting nurse for assistance. The assistance rendered is of wide range dependent wholly upon the necessities of the patients which may arise from destitution, protracted convalescence, the fact that they have neither home, relatives nor near friends, or from urgent need of employment. Sometimes it is merely to put them in communication with distant friends; again it may be only advice which is needed. Very often it is to secure admission to homes for incurables, soldiers' homes, or similar institutions. These patients have been reached by visits to the wards and by the reports of doctors, nurses and others. The spirit of coöperation shown by the entire hospital force has been a great stimulus to the workers. Lay visitors also have come forward and have contributed largely of time and personal effort. One of these volunteers gives a part of Sunday afternoon, his only leisure time, to visiting patients who have been transferred to the Island, a list of those to whom this transfer has seemed an especial hardship being furnished him every Saturday. His visit is designed to make them feel that they have not been forgotten by the rest of the world.

The largest part of the work has been in the line of securing admission to convalescent homes, of which we have several supported by private charity near New York.. They have been most hospitable to Bellevue patients. Those unfamiliar with this phase of the work can form no idea as to what a few weeks of rest with abundant food and country air means to these patients, who would otherwise take up the burden of life in a weakened condition, which would be very sure to lead to another complete break-down or worse still to chronic ill health. An equally important branch is the summer work of getting the convalescent babies and children to the seashore or country. Educational home work in this connection is recognized as important, but for lack of workers it has received but little attention as yet.

One of the most interesting features is the assistance which the hospital Convalescent Relief Work affords country boys who come to the

city friendless and almost penniless to earn small wages. When sickness overtakes them in their little hall bedrooms, their means are soon exhausted, and they must come to the hospital. On the day of discharge, friendless, facing the world without a penny, and without employment, unless a helping hand is extended, scarcely any source is open to them but dish-washing or waiting in a low grade restaurant or saloon. This employment they can always obtain without references and it provides them with food from the outset, but brings them into dangerous companionship, and the scanty wage may preclude for a long time the possibility of getting enough ahead to enable them to seek higher employment. Here comes in the need of a fund from which can be loaned to trustworthy men and boys enough to take care of them if a good position offers until their own first pay day, and thus obviate the need of their engaging in occupations such as the above. Indeed none of this relief work could have been successfully carried on without the aid of the small private fund contributed by a few interested friends. Such material aid is given only to discharged patients, and depends wholly upon the urgency of the need. The great majority of those assisted are earnest, hardworking people. From the humanitarian point of view they compare well as to their deserts with their more fortunate brothers and sisters in other conditions of life.

Taken altogether, the discouragements in the work have been very few. The manifestation of friendly interest as well as the tangible aid given seems in many cases to form an incentive to a better life and helps to a general moral as well as physical uplifting, although of course the time has been short for a just appreciation of results. The variety of the service is almost too great to enumerate, for nothing is considered foreign to it that will relieve mental anxiety, and thus promote recovery. The need of such service has so long been apparent to all hospital workers that one can only wonder it has never been undertaken before.

COUNTRY OUTINGS FOR CHILDREN

Mrs. Johanna von Wagner of the department of health in Yonkers, N. Y., who was one of the founders of Prospect House Settlement there, has interested friends to provide funds for sending children for country outings. A large party goes weekly to an old farm house near Yorktown Heights.

THE OUTLINE OF A THREE MONTHS' PREPARATORY COURSE FOR PROBATIONERS

By CHARLOTTE A. BROWN
Instructor of Preparatory Course, Boston City Hospital Training-school for Nurses

The Boston City Hospital introduced the three years' course of training in January, 1906, and at the same time instituted a preparatory training of three months for the probation classes. A class enters every three months, although it is hoped that later on only three classes will be admitted each year. The course includes theoretical instruction, teaching by demonstration, and practice in the practice room and wards of the hospital. In order to meet the needs of the class, a practice room was prepared on the lower floor of the Nurses' Home containing beds, furniture and appliances for the sick room, and, also, a school room was fitted up, by furnishing a large sitting room on the second floor of the Vose House with a teacher's desk and chair, a blackboard, and pupils' desks and chairs. The first week the members meet daily in the practice room at eight o'clock A.M. for practical instruction in making beds, with bed rests, cradles and other appliances: during this period, they have the care of their own rooms, sweeping, dusting and bed-making under supervision; they receive special instruction in the cleanliness of set bowls, wall-stands and all utensils, linen-rooms and the folding of linen; they are taught the use of hot and cold applications, including the making of fomentations and poultices, and the care of rubber goods of all kinds; the making of surgical supplies, pads, sponges, tampons, etc., in the out-patient departments; the use of slings, binders and supports in the wards, and the use of antiseptics, disinfectants and deodorants, and preparation of solutions. This subject includes the tables of weights and measures, the use of graduates, abbreviations and symbols necessary in the administration of medicines. The topic of the temperature of the body involving heat production and radiation, the use of the clinical thermometer, and preparation of charts with the record of pulse and respiration are carefully studied. All the details of the toilet and comfort of the patient in the giving of baths, care of the teeth, hair and nails, prevention of bedsores, special attention to the mouth, eyes, ears and nose are fully considered.

During the second week, from the seventh to the tenth day, the probationers are sent to the wards from seven to ten-thirty o'clock in

the morning. The class is now divided into sections of two or three probationers, each section assigned to a ward, making beds, sweeping, dusting and folding linen. At ten-thirty o'clock A.M. all meet in the practice room for further drill. First the morning's work is reviewed and each member of the class is specially instructed in the things she has found most difficult. The remainder of the day is spent in study, recitations, demonstrations and practice, each subject demonstrated being practiced by members of the class. In points in nursing which can not be demonstrated in the practice room, note-books are used, the notes being taken in lecture form. These are kept for future reference and study, no text-book on nursing being used during the preparatory course. Each topic so taken up is demonstrated in the wards when opportunity arises, the student doing the actual work under the supervision of the instructor, and this is repeated until no further supervision is required. On the eighth and ninth days the afternoon temperatures, pulses and respirations of patients in various wards are taken and recorded by members of the class, each chart record being verified. Near the close of the second week, the probationers are regularly assigned to the respective wards, for a certain amount of routine duty, under the supervision of the instructor who visits the wards frequently, teaching each member of the class practical points in nursing. This teaching includes all that has gone before in the practice room and whatever may be required in the intelligent care of the individual patient, in the various departments of the hospital. The probationers are under the charge of the head-nurse of the ward to which they are assigned, and are held responsible for the care of patients so far as they have been instructed. Three hours are spent daily in practice, study and recitation. During the practice room hour, from ten-thirty to eleven-thirty A.M. the time is spent in demonstration or taking up some nursing subject, on which the students receive notes from which they recite and eventually pass examinations. On Thursday of each week, the practice hour is devoted to a review of the topics considered in general nursing, and once a month a written test is given. The study and recitation hours occur from one-thirty to three-thirty P.M. and are passed in the school room. The studies are arranged as follows:

Monday.	Anatomy, Physiology and Hygiene.
Tuesday.	Materia Medica and Nursing Ethics.
Wednesday.	The lecture received on the Friday before is carefully written out.
Thursday.	Anatomy, Physiology and Hygiene.

Friday.	The study hour is devoted to the preparation of surgical supplies in the Surgical Out-Patient Department. The recitation hour is spent in hearing the lecture given to the pupil nurses.
Saturday.	The probationers have the afternoon for recreation. In addition, they have an hour each day and four hours on Sunday.

At the end of three months, each member of the class must pass an examination in the above subjects including practical nursing, and an estimate is made of her standing in general fitness in practical work, health and deportment. The students are required to attain at least seventy per cent. in their ranking.

TOTAL HOURS OF STUDY AND WARD WORK IN THE THREE MONTHS' PROBATION

Anatomy, Physiology and Hygiene	66 hours.
Practical Nursing and Practice Room Work	126 hours.
Materia Medica and Nursing Ethics	24 hours.
Lectures	12 hours.
Ward Work	481 hours.

The accompanying illustrations of Colon and Cristobal hospitals, are part of those sent to the JOURNAL by Miss Furber, one of the nurses in the Canal Zone, which were referred to editorially in the June magazine. Figure 1 gives a general view of Colon Hospital from the bay, showing the administrative quarters and the operating and dressing rooms, the wards of the hospital seem to extend in from these two pavilions.

NURSING IN MISSION STATIONS

A letter written to the JOURNAL by Miss Caroline E. Maddock, a graduate of the Illinois Training-school, now doing missionary nursing at Wuhu, China, makes an excellent beginning for this winter's news from the foreign fields.

"I fear that the care the sick Chinaman receives (at native hands) can not be dignified by the term of nursing. Everywhere one gets the impression of awfully uncared-for bodies as well as souls. I do not think the Chinese are as dirty, generally, as some other peoples. Laws regulate the matter of untidy hair among the men so that a frequent visit to the barber is almost a necessity among the common people. The bound feet of the women also require bathing. But happily in the neighborhood of Wuhu the peasant women do not generally bind their feet, though we have many ulcers to treat caused by this evil. For headache, abdominal cramps, and rheumatic pains, the people practice counter-irritation. The effect is produced by pinching the skin until a sufficient

FIG. 1.



Nurses' Home Home of Physician and Superintendent of Hospital. Operating Room.

FIG. 2.



Ward in Colon Hospital.

FIG. 3.



Nurses' Home. Physician's Quarters. Superintendent's House.

FIG. 4.



Wards A and B, E and C. Club House.

hyperemia is present. Cuts and ulcers come in bound up with tobacco leaves. A cheap brown absorbent variety of paper is used for the same purpose, or wherever any discharge needs cover. Many foreign hospitals have adapted this to their own use. Dr. Reifsnyder, of Shanghai, uses it altogether in her obstetrical work as pads and draw sheets.

Repair and new building has occupied our attention largely this year. Many times I have turned with gratitude to the last year's work in sanitary methods at the Illinois Training School. In China one has to be architect and builder as well as nurse. The Chinese believe bad spirits travel in straight lines. Consequently if one wants to build a smoke stack, it requires hourly climbing of a ladder while the flue is under construction to insure a good draft. For the chimney on native models always has many and devious turns in it.

One needs to know the proper fall for drains, the amount of slackening lime requires, the correct way to lay bricks and many other bits of information, for here every little detail comes under one's personal care. In missionary hospitals, as far as I have heard, the training of nurses has largely to be done by doctors. And while some institutions have some very capable workers, the majority can only be classed as attendants.

At Wuhu I faced the problem of a general hospital which had never had nurse oversight. As both sexes were accommodated in one building, I was for a time perplexed over the wisdom of overstepping native prejudice and taking women to train. After a year's consideration I concluded it was indiscreet unless I could find some widows. As educated young widows are not frequently free, I had practically to abandon the idea until I can have a separate women's building. Our hospital being located on the banks of the Yangste, boats can stop at the hill and easily carry patients on stretchers to our doors. As there is no other hospital service so accessible for six hundred miles we are never without foreign patients. In the last year we have had twenty-six such cases. They make excellent training for my Chinese—as the real Chinaman has yet to be educated to accept all the tender ministries nursing offers him. Failing for the time in training women, and as the greater part of our in-patients are men, I have thrown my heart into making a real *trained* worker of the Chinaman. He is peculiarly adapted for such service, being much more deft and careful in many ways than his American cousin. At first I attempted to take school-trained men, but, after a year's trial I had to abandon it. A Chinese man who has been in college is spoiled for manual labor. He is taught in the Chinese classics to think it degrading to use his hands. His idea of a scholar

is one who never hurries, and walks with eyes on ground in a meditative mood. I have waited for such a one to give hypodermic medication to a patient in collapse on the operating table. His sleeves are long to cover his finger tips—his nails are long—his gowns are long to his heels. If he can afford it the gowns are of gorgeous brocaded satins or silks.

I took a poor little farmer boy to train. He seemed bright and stood straight. I sent him to school at my own expense for a year, thinking it would teach him how to study. After that he could work and study in the hospital. He came home on vacation. Behold the little lad was no longer a son of toil but a student. I told the man who had charge of the work in the operating room to keep him busy. On going there later I found the ragged little urchin of the year before had donned his one long gown with sleeves over finger-tips. In his right hand he held a small scrubbing brush with which he was dabbing at a pile of soiled solution basins in the sink. In his left hand he languidly waved a feather-tipped fan. And I gazed and groaned as I wondered how I ever could compete with Confucius who had been here so many centuries ahead of me. The same principle is carried into every line of work I have asked a school student to do. So after battling for twelve months with the Chinese gentleman nurse, I heaved a sigh of relief when the entire body (with the exception of one man who started as a coolie but now is a perfect treasure with foreigners and Chinese) waited upon me, and asked to resign. Their idea was to study medicine, as that was more in keeping with their dignity than the drudgery of their present position.

Despite the fact that I had four very sick foreign patients beside all the regular work of the hospital, it was a satisfaction to face a new régime. Now I have found five young boys about sixteen—strong, white-teethed, unschooled. Their parents contract to leave them with me for five or six years. They study Chinese and English each day, also wash floors, beds, windows, beginning at the foundation of good nursing. At the County I never had any faith in taking a woman past the probation month who could not wash diet cups clean. As the man in China is the cook, these boys are easily learning to be excellent diet nurses. They also answer bells, paying such little attentions as a probationer at home, and in spare moments make surgical supplies. I plan to carry them through a regular course of study: simple chemistry, English, arithmetic, anatomy and physiology, and nursing. I have had occasion to take one across my knee, borrowing one of his slippers to apply, but this is all included in the prescribed course as understood by the parents.

My one man who deserves the name of nurse has developed wonderful skill. I believe he could fill the exacting demands of the "Third Floor Pres." I can leave the baths of very ill pneumonia or typhoid patients to him. He has learned what to expect and how to treat the different conditions. Can quickly detect changes, gives a beautiful anesthetic and is most conscientious in his operating-room technique. All of this in a year is to me most encouraging.

But my chief hope lies with the boys. China is fast reorganizing her army and navy. And following Japan's example, she will lay great stress on the medical department. Perhaps by relinquishing my fondly-cherished plans for training women for the present, and by putting all my time into my boys' training, I can do more toward helping the new China into Christian civilization than I could otherwise.

My aim is always that my workers shall not only carry the message of healing, but the message of "Peace on Earth" as well. I hope some day that the resources of the hospital will admit of a foreign teacher to devote her whole time to theoretical training. I am devoutly thankful that my sense of humor is daily increasing, for it is a saving factor out here. To watch the perplexity of a Chinaman, who in painting a floor has cornered himself in the part of the room furthest from the door, is comical. To find the contractor has finished the roof of the kitchen before he has built the chimney is ludicrous. When you remonstrate he defends himself by saying that when you drew the outline of the range with lime on the kitchen floor you only gave the height of stove and size and shape of flue. That he saw fit to stop construction half way between floor and ceiling was your fault in not stating that the chimney was to extend outside. However, he smilingly assures you that for ten dollars more he will consider opening the roof and carrying the exit for the smoke outside. These are only two of a hundred equally trying incidents of the past year. But with all the mistakes and lack of imagination one takes faith and hope for a new future.

In China as well as elsewhere

> Day's at the morn,
> God's in His Heaven,
> All's right with the world."

From several other publications we take extracts of interest which picture the conditions under which nurses work in distant lands.

1. From *The British Journal of Nursing.*

"The next patient was seen under more favorable circumstances. He came with a crowd of others to the mission station, and explained

at great length that he had a pain in his chest, and that a scorpion was wandering about his inside. The missionary applied his stethoscope to various parts of his shining black skin, and the man said 'ninety-nine' and 'nine hundred and ninety-nine' in the most approved style. I tried to take his temperature, but he objected, and thought the clinical thermometer would bewitch him. We had a consultation, when one suggested mag. sulph. and another menth. pip., then we decided to give him both. As bottles were scarce, and he had not brought a receptacle for medicine, we tried to persuade him to have the dose at once. The morning was half gone before we understood that his chief wife in a kraal six miles away was the patient, and that he had been describing her symptoms. Then we amateur medicos looked at each other and laughed.

"A man came with a cough, and a boy with a poisoned foot. The abscess was opened on the doorstep. We went in for open-air treatment fully there. The boy made a speedy recovery. A big burly Kaffir wanted medicine for a foot—not his own. He had not the remotest idea what was the matter, and thought us very ignorant for inquiring. 'Have you not medicine for feet?' he asked. His opinion of the British nation in general, and of missionaries in particular, was much lowered by finding that we had not."

2. From another English periodical.

"The Mayo Hospital, at Lahore, has just passed into the hands of four sisters from Guy's Hospital, who had only recently arrived, and who were in that initial state of despair that overtakes the English nurse when she is first confronted by Indian hospitals and nursing methods. The superintendent could not understand that a figure huddled on a bedstead under a red blanket was being treated and nursed effectively. It is no good approaching an Indian hospital from the English point of view—such a standard is deceptive; it does not accord with the native's manner of living or his physique; he would not thrive in such surroundings. His wants are very few, his manner of living most simple, and sickness makes him like a child in his restlessness and irritability. It is difficult to make him clean in his habits, regular in taking medicine, or food, or rest, and difficult to win his confidence, and all this counts for much more than a smooth bed or a neatly-clothed patient. It is only by falling in with his ways, as far as possible, and understanding his standpoint, that the trained nurse will accomplish her task."

3. From *The Interior*. An extract from a letter from Mrs. Brinton, who is working in the Philippines.

"No nurses when I came, twenty-two patients, the cook in jail. I spent all my time hunting interpreters, was really desperate. There was a little girl, Filipa, whose mother was a patient. I liked the manner in which she waited upon her mother and other patients in the ward. I persuaded her mother to let her learn to nurse, which she finally did conditionally, that I teach her to read and write. She had no education, could not even count or read in Visayan. Now she can count anything up to 150, takes temperatures and counts pulses. She is quick and thorough, a fine little surgical nurse. I have never had an American nurse take to surgery as she does. At the same time I took one of the lavinderos, Basilica, and also her younger sister, Dorotea. I taught Basilica how to wait on the American patient, set trays, clean the room, take her nourishment to her and give her medicine. Baths, etc., I gave Dorotea, and took Filipa into the dressing room. I immediately began to teach them the English names of everything we used. I did all the dressings for a month, making them wait upon me, then had Filipa do the dressings and Dorotea wait on her, watching to see that they did right. It is surprising how rapidly they are learning English. I can send Filipa to the operating room for anything that we use there. I ask in English for any instrument or dressing that I want. She has been making all the solutions, dressings and bandages, for the last three weeks, even the gauze bandages. I have them draw threads and cut them evenly. I have tried to make them take afternoons off, but they will not go, so I send them out for a drive occasionally, and let Filipa's mother chaperone them. They work hard in the mornings, but the afternoons are easy, and I want them to take siestas, but they prefer to make bandages or study. To-day we worked hard all day getting ready for two major operations to-morrow. The nurses are delighted with the prospect of an operation, they have taken their baths, washed their hair and gotten themselves as clean as soap and water can get them. I have them in uniform and they are as pretty as pictures. The dress is red calico, full gored skirts, baby waists, low necked and with full sleeves gathered to a band just above the elbow. During the typhoon two weeks ago I had to put all the male help in the waiting room to sleep, the porches and halls were flooded. It was practically working outdoors; we were wet the whole week. One night a blast of wind took eight panes of glass out of the front doors. I have lost twenty-seven pounds in seven weeks since I came here. August, September and part of October I never got a minute from five A.M. until ten and eleven P.M., and there were ten days in that time I worked twenty and twenty-two hours out of the twenty-four. We had two very ill patients and the hospital

filled. I could not get a soul to help me only the three nurses. They proved their worth then and I will always like them for it. From five A.M. until eleven P.M. they worked without one minute off. I would send them in the afternoon for rest, but when they saw me working they would come down and help and would not be sent off. I have eight nurses now; the four oldest are fine, two are fine obstetrical nurses and two surgical. Filipa is good wherever you put her. They are learning English fast and are so interested in their work and willing to do anything I ask them to."

[It has been suggested by a nurse in the mission field in China that the JOURNAL should be used as a place for the interchange of ideas by those engaged in such work. We think this is an excellent idea, that letters from missionary nurses, addressed especially to workers in other stations, could be published in this department and would be exceedingly interesting and valuable not only to missionary workers but to all of our readers.

Doctor Robert Beebe, of the Methodist Hospital, Nanking, China, is looking for a nurse. He sees about twenty thousand patients a year, his hospital is well equipped, and this is a wonderful opportunity for a woman in one of the most interesting places in China. Mrs. Hall, a nurse who has been with Dr. Beebe, is now home on furlough; she expects to return in one year and the staff will then consist of one doctor and two nurses. Inquiry of Dr. H. K. Carroll, 150 Fifth Avenue, New York, would bring information as to requirements, etc.—ED.]

NEW METHODS OF CARING FOR TUBERCULOSIS PATIENTS

SHACKS, old barns, tents, worn out street cars, and now old ferry boats have all been pressed into use as shelters for tuberculosis patients. Moored to a large dock at the foot of West 16th Street, New York, lies an old ferry boat which formerly plied between Staten Island and the city, now placed at the disposal of the Committee on the Prevention of Tuberculosis for a "Day Camp." From fifty to a hundred patients spend the entire day there resting in steamer chairs or hammocks. Games and books are provided and a generous lunch furnished at noon, with milk at intervals during the day. Physicians from various dispensaries make daily visits, and the work is in charge of Miss Smith, a graduate of the Montreal General Hospital.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

HYSTERIA.—*The New York Medical Journal,* in an abstract of an article in the *Lancet,* says: Savill, from a study of the disorder, concludes: 1. Hysteria consists of an instability or undue irritability of all the nervous and reflex centres throughout the body, and particularly those of the vasomotor and sympathetic systems. 2. Hysterical paralysis or tremor and many other hysterical phenomena are produced by vascular changes in the nervous system and elsewhere. 3. The essential defect in the nervous system upon which the hysteria depends is inborn and inherent—that is to say, the reflex centres in hysterical subjects are throughout life more unstable than those of other people. The general measures directed to the improvement of the nervous irritability may consist of rest, isolation from home surroundings, food, massage, electricity, hydrotherapy, and psychotherapy or hypnotism. Of all the various measures, rest is of the greatest value is allaying irritability of the nervous system. All sources of peripheral irritation must be removed. Complete rest of the body can be obtained only in bed. Abundance of sleep is essential, and it is sometimes justifiable to administer hypnotics. Removal from the conditions under which the disease arose is almost as indispensable as rest. It is often necessary not only to remove the patients from home, but to forbid any letters to be written or received. As much easily assimilable food as the patient can take improves the nutrition of the nervous system and of the body generally. To increase the power of assimilation, such increase in the amount of food should be associated with massage. Massage also soothes the nervous system. As a rule, no drugs should be given, except an occasional aperient or dose of bromide for sleeplessness. Electricity is of considerable use, especially in those cases where a rigid rest cure cannot be given. Static electricity is more useful than the galvanic or faradic forms. Hydrotherapy is not much used in England, but it undoubtedly acts powerfully on the neurovascular system. Under psychotherapy may be included all kinds of persuasion, suggestion (autosuggestion and heterosuggestion)

and hypnotism. The object is to cultivate the will and control of the patient over her unruly emotions and unstable reflex centres. Ammonium bromide is the writer's sheet anchor for allaying the irritability of the reflex centres. Apomorphine is the best remedy for the prompt cure of severe hysterical convulsions. The writer has also had a certain amount of success with vasoconstrictors (ergot), vasodilators (pilocarpine), and remedies acting on the blood (calcium salts) in cases where there is noticeable irregularity in the vasomotor regulator mechanism. Educational and other prophylactic measures are of great value.

Diet in Pulmonary Tuberculosis.—Dr. Theodore Senseman of Atlantic City read this paper at a meeting of the Medical Society of the State of New Jersey. He concluded that (1) it was not the amount of food ingested that counted, but the amount assimilated. (2) One should improve digestion and allow appetite to follow of its own accord. (3) There was a pivotal point in each patient's digestive ability which should be ascertained. (4) This pivotal point was capable of being raised. (5) All tuberculous individuals showed evidences of digestive derangement; it was folly to attempt to make them do more work when in this condition than when in a healthy state; therefore, stuffing patients with solid food was a mistake. (6) Diet which gave the greatest amount of nourishment and made least demand upon digestive organs was the diet of choice. Raw eggs and milk met these requirements. (7) Each patient had a normal weight beyond which one should not endeavor to force him. (8) This normal weight attained, the smallest quantity of food which would enable him to maintain it was sufficient. (9) So long as this normal weight could be maintained, the patient had nothing to fear from tuberculosis.

The Widal Reaction.—The following is taken from the State Board Examination Questions of South Dakota, published in the *Medical Record*: The Widal serum reaction "depends upon the fact that serum from the blood of one ill with typhoid fever, mixed with a recent culture, will cause the typhoid bacilli to lose their motility and gather in groups, the whole called 'clumping.' Three drops of blood are taken from the well-washed aseptic finger tip or lobe of the ear, and each lies by itself on a sterile slide, passed through a flame and cooled just before use; this slide may be wrapped in cotton and transported for examination at the laboratory. Here one drop is mixed with a large drop of sterile water, to redissolve it. A drop from the summit of this

is then mixed with six drops of fresh broth culture of the bacillus (not over twenty-four hours old) on a sterile slide. From this a small drop of mingled culture and blood is placed in the middle of a sterile cover-glass, and this is inverted over a sterile hollow-ground slide and examined. . . . A positive reaction is obtained when all the bacilli present gather in one or two masses or clumps, and cease their rapid movement inside of twenty minutes." (From Thayer's *Pathology.*)

Treatment of Constipation by Abstinence From Meat.—*The Medical Record* says: Treatment of constipation by purgatives alone is not regarded with favor by the majority of practitioners, and even a diet which leaves a large amount of residue to act as a stimulant to the intestines does not give good results. Kohnstamm (*Zeitschrift für Physikalische und Diätetische Therapie*), depends chiefly on butter and milk, with the absolute exclusion of meat, to overcome chronic constipation. He begins treatment with a purgative and an enema, after which he waits four or five days for a natural stool. If this does not occur another enema is given, but under no circumstances another purgative. The patient is then put on a diet consisting of oatmeal, milk, bread and butter, honey, eggs, soups, vegetables, fruits, and cocoa. He reports several instances in which excellent results have been obtained, even in cases of ten years' standing. Other cases failed because the patient became lax and discontinued butter, or added meat to the dietary.

Headache and Its Physical Treatment.—The same journal in an abstract of a paper in *Berliner Klinische Wochenschrift,* says: Riedel distinguishes several different forms of headache and suggests appropriate treatment for each. Hyperæmic headache, in which it is a matter of no importance whether the hyperæmia is of the substance of the brain or of its membranes, is treated by cold applications to the head and hot baths of the feet. Anæmic headache, usually due to general anæmia or chlorosis, calls for warm cloths on the head and hot compresses on the brow or on the nape of the neck. Rheumatic headache, which is in reality a myositis rheumatica, is to be treated by massage and warm applications. Neuralgic headache is to be treated in the same manner, but reflex headaches, which frequently counterfeit the neuralgic, are not benefited thereby, and can be relieved only by searching out and removing the cause of the reflex disturbance. In headaches due to neurasthenia hypdrotherapy is of great service.

Hospital Zones.—*The Maryland Medical Journal* says: The Society for the Suppression of Unnecessary Noises has secured the passage by the New York city council of a very useful ordinance. It provides that signs shall be placed on the corners of all streets in which a hospital is situated. The signs read "Hospital Street," and the areas bounded by these signs are to be known as "hospital zones." Within these hospital zones hucksters must not cry their wares, street musicians must not perform, street cars must run slow and avoid unnecessary whistling or gonging, teamsters must walk their horses, newsboys must ply their trade in comparative silence, and children must not collect in numbers nor make a noise. A fine of $10 is the penalty for disturbing these silent precincts with unnecessary noise. Health Commissioner Darlington and Police Commissioner Bingham are both said to be pleased with this ordinance, and will enforce it.

Local Use of Magnesium Sulphate in Inflammation.—*The Inter-State Medical Journal* contains the following: A saturated solution of epsom salts is applied on 15 to 20 thicknesses of ordinary gauze, which is kept moist by frequently pouring the liquid on the compress without removing it. This is kept up for 24 hours when the skin is washed after the compress is removed. The skin is markedly blanched and there is a partial loss of sensation, which persists for several hours. With these applications relief has been obtained in epididimitis, acute rheumatism, gonorrheal joints, sprained joints, and in facial erysipelas the local pain was abated in a few hours. The suggestion for the external use came through the known anesthetic quality of magnesium sulphate when used hypodermically.

Procreation of Sexes at Will.—Thury, of Geneva, states in *The Gazette Médicale de Paris* that if sexual congress takes place four or five days before the appearance of the menses, provided that fecundation take place, the infant will be a girl. If impregnation should occur five or six days after the cessation of the menstrual flow, the infant will be a boy. He reports an experiment made upon cattle by a Swiss farmer, who in twenty-nine cases was successful in controlling the sex by adopting this method without one failure. Dr. Guiard reports a series of thirty-five observations in the human subject, in which thirty-one times the law of Thury verified.

Improvised Cradle.—*The American Journal of Surgery* says: A barrel cut in two on its long axis, makes an excellent holder for bedclothes in acute affections of the lower extremities. Not only does it avoid the heavy pressure of the covering but it diminishes the chances of discomfort caused by jarring of the bed.

Sunstroke.—*The New York Medical Journal* says: Senftleben finds that sunstroke is due to a serious autointoxication of the organism which may prove fatal within a few hours in a superlatively healthy, strong, and young man.

Macroscopical and Microscopical.—*The Medical Brief* says: How often a physician or student sees in his journal the expressions "macroscopical" and "microscopical," and wonders at the difference in the meaning. To the wise the meaning is evident, but to those who cannot fathom the difference we wish to state that there is a wide distinction to be made. Macroscopical objects are easily discerned without a magnifying glass—seen with the naked eye—while microscopical objects need a microscope to discover them; they are minute lesions. In expert evidence the distinction will be evident and have weight.

Radium for Chronic Rheumatism.—*The New York Medical Journal* quoting from *Journal de Médicine de Bordeaux,* says: Robin presented to the Académie de médecine a communication by Dominici upon the action of radium in chronic rheumatism. The apparatus consisted of a metallic screen or shield covered with radium in the form of powder. It was stated that the radium exercised a remarkable effect—resolution of the swelling, disappearance of pain, disappearance of contracture, and the return of function.

Doctors as Cooks.—A Berlin physician, Dr. Wilhelm Sternberg, is endeavoring to bring about the introduction of a course in cookery into the medical curriculum. He considers that doctors are in the habit of prescribing a diet for their patients with regard only to its chemical ingredients, forgetting the importance of an appetizing method of preparation.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE PARIS CONFERENCE

THE period of two months' time which, owing to the priority of our annual meetings at home, has elapsed since the date when the Paris Conference was held and before it could be reported, only suffices to strengthen and confirm the feeling which impressed us all profoundly at the moment when we took part in its sessions, namely, that it was the most important gathering of nurses which has ever taken place; and that, through the character of its membership and by reason of its recognition by the heads of the municipal government of Paris, it has had and will have an influence wide and weighty beyond what any of us had hoped or expected. Our meetings in Paris occurred at a psychological moment. The question of raising the standard of nursing education is one of those most close to the hearts of a distinguished group both of men and women in France, whom we may call for our purpose, the Progressives, and to these, we came as allies, while, at the same time finding in them the strongest supporters of the principles we stand for.

The full importance of the official recognition with which we were honored will not be realized until the vast extent of municipal control of hospital work in Paris is understood, for this system is as different as possible from that in the United States. On many lines of administration and general management it is superior to ours, but just now what I wish is, not to compare, but to make clear just what the official recognition of the International Conference implied.

At home, it is easy enough to get prominent men—mayors, governors, hospital directors, etc., to address our meetings; they say all manner of kind things—we take them cordially and proceed to our business. The mayor or the governor has little or no influence in hospital management, and the hospital directors direct only one hospital. Not so in Paris. Here is a department of the government called the *Assistance Publique* of Paris. At its head is a director appointed by the Minister of the

Interior for an indefinite period, and associated with him is a council, whose powers, while legally only advisory, are morally and actually very great, and from whose deliberations many reforms have arisen. Besides advisory power, the council visits and inspects the hospitals. This city department of the *Assistance Publique* controls not only the management of certain classes of dependents with whom we will not now concern ourselves, but *all* of the Paris hospitals. In other words, instead of having, as is our case at home, say in New York, a number of large hospitals managed by voluntary private associations, with some half dozen or so supported and managed by the city, in Paris there are no large general hospitals privately managed. All the hospitals are city hospitals and the Director of the General Administration of the *Assistance Publique* and his advisory council are placed over all the directors of all these vast institutions, for Paris takes care of its sick on a vast scale. There are here fourteen large general hospitals for acute cases; seven special hospitals; six maternities; seven hospitals for children; twenty-six institutions for chronic and incurable, blind, insane, infirm, and aged persons; four orphanages; two convalescent homes, and eight central service establishments for supplying the hospitals, such as central store-houses, central bakery, butchery, pharmacy, etc. These institutions provide care for, in round numbers, not less than thirty-five thousand patients and employ more than five thousand nurses. These nurses are encouraged to remain in the service, receiving, after thirty years of service, pension and quarters. Moreover, the Administration conducts a number of schools of professional instruction with diplomas, and, in pursuance of its fixed policy to improve standards of nursing, it is at this moment erecting, on the extensive domain of the Salpêtrière, a splendid separate school for training nurses, with single bedrooms, lecture halls and amphitheatre, and all of the comforts, advantages, and prestige for attracting probationers which we are accustomed to in our Nurses' Homes and Training-schools, but which is new in Paris, for this splendid school is the first one to be erected in connection with the public hospitals of Paris for the purpose of training nurses according to the methods established by Florence Nightingale.

It will now be seen that it meant something of unusual importance for the International Conference of Nurses to be received with serious dignity and cordial good will by the officials who hold this enormous power over the conditions of hospitals and of nursing. M. Léon Bourgeois, a member of the Senate and one of the *Conseil de Surveillance,* gave his name as Honorary President, though he himself was absent at the Peace Conference of the Hague.

M. Mésureur, the Director of the General Administration of the *Assistance Publique* of Paris, was the president of the conference, and opened its first session, besides reading a paper, while on the opening morning a row of dignified and important personages filled the platform: M. Mirman, Director of *l'Assistance et Hygiène Publique* in the Department of the Interior; Dr. Lande, member of the national council of *Assistance Publique* and Administrator of the civil hospitals of Bordeaux; Dr. Anna Hamilton, Directress and resident physician of the *Maison de Santé Protestante* in Bordeaux; Mme. Alphen-Salvador, foundress and president of the Association for the Development of the Care of the Sick (rue Amyot); Baronne James de Rothschild, president of the School for Nurses (rue Vercingetorix); M. Felix Voisin, vice-president of the *Conseil de Surveillance;* M. Strauss, Senator and president of the national council of *Assistance Publique;* and M. Navarre, president of the fifth commission municipal council, with the honorable president and vice-presidents of the International Council of Nurses; then, too, there was present at almost every meeting the director of the Salpêtrière, M. Montreuil, who will have under his immediate charge the splendid new School for Nurses, and also the fine new hospital for acute cases which is being erected on the broad domains of the Salpêtrière, where the new nurses will be trained.

It may well be imagined that the interest was profound when M. Mésureur declared the conference open, and, after greeting the various members of the assembly, proceeded to read his paper showing what the department which he directs has done and is doing in nursing education. The entire session was given to the work being done in France, and the speakers were so distinct and clear in enunciation that it was easy to follow them. It was a remarkable group of persons who, one after another, addressed the assembly. M. Mésureur stands out strongly among them all. There is something about him like Lincoln—in his expression there is an absolute goodness over-weighed by care, and one feels that he has pushed his great work at heavy cost to himself. How colossal this work is cannot be told; it can only be understood by visiting—not one or two—but many of the great hospitals. It is to be hoped that the hospital directors, nurses, and above all, the physicians, will hold up his hands and give him support and appreciation now while he needs it.

Next spoke that grand old revolutionary scientist Dr. Bourneville, who is more like our venerable Dr. Jacobi than any one else, and then

we heard the intensely interesting story of the laicisation movement of 1877 and how it came about. Dr. Bourneville was the first among French physicians to feel the influence of Miss Nightingale, for, as early as 1862 having been dissatisfied with the nursing methods as carried on under the nuns who were then everywhere in hospitals, in 1869 his attention was attracted by an article in the *Lancet,* and in 1871 he wrote upon the organization of a school for nurses to replace the sisters. In 1877 he went to London and studied the English hospitals and nursing and in the same year began the movement to replace the sisters by trained lay nurses. The struggle has been a bitter one, and both sides have suffered. The friends of the sisters think that Dr. Bourneville drove them out with hate, but I do not believe that to have been the case. The plain case was that the sisters would not learn anything new or change their methods, and Dr. Bourneville, a scientist of distinction and one of the greatest of neurologists, could not tolerate the methods of five hundred years ago. And he has suffered persecution for his reforms, almost to the crippling of his career. Then, after all, his courses of instruction were theoretical only, not practical, so that the work of reform still waited for a woman's hand—nevertheless Dr. Bourneville towers up, a mighty pioneer, the first in the modern movement in France.

A woman's hand next took up the work of reform and carried it through. This was Dr. Anna Hamilton, of Bordeaux. Slight, delicate, quiet, and unassuming, clear as to her dark eyes and most keen and trenchant as to her direct logical thoughts, Dr. Hamilton wrote as her Thesis an account of nursing which attracted general attention, and in 1890 began developing a training-school in Bordeaux on the lines laid down by Miss Nightingale. The glorious vitality of this school, which I hope to visit and describe later, is proved by its graduates, who have begun the work of reformation in other hospitals. But Bordeaux is far from Paris, and Paris is proud, like all big cities, and slow to appreciate what is being done in the provinces. It seemed to an outsider as if Dr. Hamilton's eminence was but grudgingly conceded in the great city. Dr. Hamilton has written much, and admirably, upon training methods; if her criticisms sometimes cut sharply, they are nevertheless impersonal and accurate.

A group of three women next portrayed the bright side of private effort in Paris. Mme. Alphen-Salvador, who founded the School for Nurses of the rue Amyot; Mlle. Chaptal, who directs the School for Nurses founded by Mme. Taine in the rue Vercingetorix, and Mme.

Gillot, who was formerly directress of the schools of the Salpêtrière, and who founded the first French nursing journal. Mme. Gillot's paper was historically highly interesting, for she told of the early days of teaching, while the addresses of the others were illumined by previous visits to their most charming and attractive schools, privately managed. Perhaps the greatest mission of these two schools has been to offer a demonstration to the official hospital world of Paris. Keenly one realized afresh the diversity in unity that is working for the good of this old world. Mme. Alphen-Salvador's free and humanitarian ethics are not different from the religious ideals of Mlle. Chaptal, who made an impression upon the assembly all the stronger because she had been previously all but unknown to its foreign members. This frail young woman, the possessor of rare mental power, is distinguished for her useful social work in the warfare against tuberculosis, and that against infant mortality, and has received the highest honors given by the French Academy of Moral and Political Sciences. In order to equip herself the better for these aims, she went through the course of teaching given in the Paris hospitals and is now heart and soul absorbed in the questions of higher education and professional training for nurses. The nurses under her charge go every morning for four hours' practical work, and twice a week in the afternoons in the same way, to the large hospitals, taking, in turn, general and special work.

A number of physicians took part in the program. Dr. Dubrisay read a valuable paper on "Aid to Mothers"; Dr. Lande, of Bordeaux, described hospital administration in the provinces and spoke most cordially on the school nursing and on educational questions; Dr. Rist spoke on "What Remains to be Done," and Dr. Letulle was very genial in his discussion of improved teaching for nurses. Dr. Ley, of Belgium, spoke on mental nursing, and brought two of his nurses from Belgium.

Over three hundred nurses were at the conference. Great Britain turned out splendidly with two hundred and twenty matrons and nurses, many of whom are known world-wide. Mrs. Fenwick of course was the guiding spirit of the whole conference, and indefatigable as usual. Miss Stewart was there; Mrs. Treacy, the president of the Irish Nurses' Association; Miss Breay, Miss Burr, and Miss Hughes among our old friends (but we greatly missed our absent Miss Mollett) and a fine group from Scotland. A group of English nurses came in uniform, as did also a group of the Bordeaux and some of the Paris nurses, and I heard several times expressed the regret that

all those present did not bring their uniforms for at least one appearance, as the many countries represented would have made a most interesting picture. Sister Karll came with a party of forty Germans and ten Danish nurses, and some of them wore their uniforms. There were nearly thirty Americans, of whom Miss Nutting came as the representative of the Superintendents' Society and Mrs. Robb of the Associated Alumnæ. Great interest centred about a Finnish nurse and matron of a hospital at Helsingfors, Baroness Mannerhaim, who gave a most interesting account of nursing progress in Finland. Another special figure was Mlle. Villard, a graduate of the school La Source at Lausanne, which has a unique and impressive history, for it was founded in 1859 to assert the right of women to enter nursing without religious bonds, and to receive all of their own earnings, thus being the first school in Europe to establish this double principle which, at that time, was nothing but revolutionary. Another important figure was Miss Pearse, the delegate of the League of St. Bartholomew's Hospital Nurses and the superintendent of School Nurses under the London County Council.

Miss Lanschot-Hubrecht, the secretary of the Holland Nurses' Association, was a welcome member present, as also Miss Hellfach, of Denmark, and Miss Keith-Payne from New Zealand.

Two more instances of official recognition gave the council much pleasure: Sister Erna Weydemann was sent by the city government of Düsseldorf to take part in the conference, and Miss Maxwell by the directors of the Presbyterian Hospital. Also we conclude that official recognition as well as personal interest was shown in the presence of a number of the supervising nurses from the large Paris hospitals.

The lavish and beautiful hospitality shown to the members of the conference cannot be described in the space at my command. Most important and gratifying was that of the city of Paris which took shape in a truly splendid reception at the Hotel-de-Ville (the stately city hall of Paris) where we were the guests of the Municipal Council. Then there was the reception at the Salpêtrière where we inspected the new school and realized afresh the liberal attitude of M. Mésureur and M. Montreuil; the farewell banquet, and all the many excursions, receptions, visits, and sight-seeing, but these must be left to the delightful recollections of those who shared in them.

The International Council of Nurses, now comprising Great Britain, Germany, and America, will include Holland at its next meeting, and,

we hope, Denmark and Finland, for the nurses of both countries are organized.

One of the most interesting sessions held was that on the Professional Press, when the history of the various nursing journals was read.

The papers on school nursing attracted much attention and have been asked for by several people. Miss Johnson's paper on the work of the nurse in the anti-tuberculosis movement was asked for by M. de Pulligny, of the Department of Hygiene, under the Minister of Commerce.

We were all greatly amused to hear that our old friend, Mr. Burdett, or his emissary, had taken the trouble to come to Paris on the eve of the conference and to go around among the physicians and others to explain that only two or three nurses would come, and as they were not representative it would not be worth while for the French people to pay any attention to them!

Not the least of the kindnesses shown us, and a very practical one, was the generous action of the directors of the Musée Social in giving us the use of the hall without charge. The small entrance fee which we charged, with the sale of programs, united with the modest sum already in the treasury, sufficed to pay our printing bill, which was larger than usual. The programs were printed in both English and French, and the Bordeaux contingent added another gracious and thoughtful act by distributing two hundred copies of their nursing journal containing the full program in French.

Sister Agnes Karll was decidedly one of the lions of the conference, and spoke both in English and German.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: Kindly announce through the Journal of Nursing that nurses to the Philippines, under Act 1040, will not be allowed expenses home at the termination of their contracts. Several new nurses to Manila have come out imagining that at termination of contract they would be granted expenses home again, but on arrival were disillusioned and told that however long they stayed transportation home would not be furnished.

We are quite satisfied with the life, the work, and the environment, but if expenses home will not be provided, the salary is insufficient. Annual vacation is compulsory from the point of view of health, and travelling is expensive. What the nurse could save out of sixty dollars a month is therefore spent in necessary travelling during vacation.

Nurses coming out are therefore advised to make expenses home a special item in contract before leaving the states.

Cordially,

A. M. FREEMAN.

Civil Hospital, Manila.

(On referring this matter to Mrs. Kinney for explanation, we learn that this act applies to civil employes only. "This announcement does not concern in any way the army nurses.")

DEAR EDITOR: I am glad to see Miss Van Buskirk's warning note in your May edition. While no one ought to dispute that the three years' course is an advantage to the nurse, everything else being equal, let us not lose sight of the self-dependent girl, often of fine stuff, who can not spend three years in training with no renumeration. Our older nurses, many of whom are no discredit to the profession, were not trained in this approved style. A training school like all schools but begins one's education. Why demand of a nurse that she train three or more years with no pay that she may be classed with the best and demand the highest salary the day after she receives her diploma? This savors a little of the labor union.

No doubt we shall look at things more calmly later on, and in the mean time the correspondence schools will continue to send out their graduates and the actual care of the sick in their homes will go on much as it has before.

The good nurse always finds plenty of work to do, whether she trained in the modern twentieth century hospital, with the approved number of beds, or in the small hospital of which many goods things might be said.

Let us be broader and kinder, there are other things as essential to the making of a good nurse as higher education.

DELIA O'CONNELL,
Minneapolis, Minn.

DEAR EDITOR: It may be of interest to some of your readers to know that a central registry has been started in Pawtucket, R. I. They have started with a membership of sixty-four nurses. The need of this has been felt for some time and some nurses got together and held a meeting with the above result. Maybe some day New York will take a hint from little Rhode Island. I for one wish them all success.

May the time come when nurses will be employed as sanitary inspectors, with especial care given to our large office buildings. There, many girls are employed and sit together all winter in offices where there is no ventilation, no regard given to the amount of space allowed to each individual—but all are crowded together breathing vitiated air. There are unclean toilet facilities, no care being taken for the requirements of female employees, probably only a male janitor to look to things in a very cursory manner. I have heard girls say how revolting these places are, not only in office buildings, but department stores. There should be a woman employed during office hours to look after things. Then, maybe, tuberculosis and other allied diseases would stand a chance of obliteration. A nurse's training ought to make her especially fitted for such a position, as sanitary inspector.

M. A. MOORE.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

NEW YORK.—The annual meeting of the New York State Nurses' Association will be held at Syracuse October 15 and 16, in the Academy of Medicine Rooms in the Carnegie Library Building, Montgomery and Jefferson Streets.

Hon. A. C. Forbes, Mayor of Syracuse, will welcome the nurses.

The executive committee is anxious to make this the best convention ever held in this state, and calls upon every nurse, whether she be a member or not, to come and do her share in making it a success.

An interesting program is now being prepared, which will be published in full in the October JOURNAL.

FRIDA L. HARTMANN, Secretary.

MEETING OF THE EXECUTIVE COMMITTEE OF THE INTERNATIONAL COUNCIL OF NURSES

ACCORDING to notice previously given, the Executive Committee of the International Council of Nurses met in Paris on Friday, the twenty-first of June, at ten o'clock in the Hotel Normandy, to make arrangements for the Second Quinquennial, in 1909. There were present Mrs. Bedford Fenwick, the Honorary President; Miss Breay and Miss Dock, Hons. Treasurer and Secretary; Sister Agnes Karll, Vice-President for Germany, and Dr. Anna Hamilton, Honorary Vice-President for France. There was also present by invitation Miss Lanschot Hubrecht, Secretary of the Holland Nurses Association. Miss Nutting, Councillor, though in the city, was unable to be present, but sent a communication. For the meeting place of the Quinquennial, Stockholm was favorably considered, and the date for the meeting was set in the first full week of August, 1909.

Among the motions made to be brought before the next Council was one reducing the necessary number of official delegates from each country represented, from four to two, as being less burdensome on the treasuries of the national societies. This, with other motions, will be sent in due form to the national societies now affiliated, that their delegates may be prepared to act at the meeting of the Grand Council (official delegates and officers of the International Council). The nominations made for officers for the coming Quinquennial period were as follows: For president, Sister Agnes Karll, Germany; secretary, Miss Dock, United States; treasurer, Miss Breay, England.

LAVINIA L. DOCK, Secretary.

THE REPORT OF THE PARIS CONFERENCE.

THE Transactions of the Conference on Nursing convened at Paris by the International Council of Nurses will be printed during the present summer and

will be sold, unbound, for fifty cents. Bound copies may be had for a dollar and twenty-five cents, postage free. American orders may be sent to Miss Dock, 265 Henry Street, New York City; postage stamps will be received. Alumnæ societies and training schools are urged not to neglect securing copies for their libraries. There are still to be had, also, copies of the Berlin Transactions, price twenty-five cents.

The first reports published by the International Council of Nurses are contained in the volume of Transactions of the Buffalo Congress. The second set is that of Berlin. The third will be that of Paris. The importance of acquiring the complete file of these reports from all countries need not be pointed out.

LAVINIA L. DOCK,
Secretary International Council of Nurses.

FIRST EXAMINATION FOR REGISTRATION IN THE DISTRICT OF COLUMBIA

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration on October 15, 1907. All applications must be filed with the Secretary of the Board on or before September 15, 1907. For further particulars apply to Miss Katherine Douglass, Secretary and Treasurer, 320 East Capitol Street, Washington, D. C.

KATHERINE DOUGLASS, Secretary and Treasurer.

INFORMATION FOR THE INTER-STATE SECRETARY

OFFICERS of the state associations are requested to send the following to the inter-state secretary: copies of all kinds of printed matter; application blanks for membership and for registration; rules and regulations of the board of examiners; certificates of registration; and any other information of use to the department.

Will the following states kindly send six copies each of their bill for state registration?—Minnesota, West Virginia, Illinois, District of Columbia, New Hampshire.

SARAH E. SLY, Inter-state Secretary,
Birmingham, Mich.

HOSPITAL ECONOMICS PLEDGES

THE committee appointed to receive pledges for an endowment fund for the chair in hospital economics at Teachers' College, requests that all money pledged at the meeting of the Associated Alumnæ in May be paid to the treasurer, Miss Anna Davids, 128 Pacific Street, Brooklyn, N. Y., by January 1, 1908.

AGNES G. DEANS, Chairman.

MEETING OF THE SPANISH-AMERICAN WAR NURSES

THE Eighth Annual Convention of the Spanish-American War Nurses will be held at Old Point Comfort, Virginia, October 8 to 12, 1907. An invitation has been received from the President General of the Daughters of the American Revolution to attend their designated day at Jamestown Exposition, October 11;

also one from the Secretary of the Association of Military Surgeons, to attend their meetings at the Inside Inn, October 15, 16 and 17.

Dr. Hughes recommends the home of Mrs. Arthur B. Camp, 402 Fairfax Avenue, Norfolk, as a comfortable boarding place.

WORK OF RED CROSS NURSES IN BOSTON.

TWENTY nurses, members of the Boston branch of the Red Cross Society, under the leadership of Dr. Laura A. C. Hughes, served at emergency and relief stations in Boston and Brighton during two days of parades and celebrations during Old Home week, the first of August. Three or four nurses served together at points designated in each case by a Red Cross flag, and over one hundred cases of accident and heat prostration were cared for. Each nurse had emergency supplies, and on the Common was a tent with cots. The services of the nurses were much appreciated. They were commended by the mayor, and each received a copy of the following letter by General Miles, with his personal signature:

DEAR MADAM: The noblest, most unselfish and gracious impulses spring from the hearts of women. I desire in this communication to express to you my appreciation and earnest gratification for the noble manner in which you contributed aid and comfort to the suffering during the celebration of the civic and trades parade. Please accept my thanks for your kindly acts, and with best wishes I remain,

Very sincerely yours,

NELSON A. MILES, Chief Marshal.

There has been such a great demand for this class of emergency service of trained nurses that the nurses have decided to establish permanent headquarters at the Boston Nurses' Club, 755 Boylston Street. They are willing to volunteer their services without pay on national, state or municipal occasions, and during any emergencies.

Following are the names of those who took part in the relief work:

Mrs. Robert H. Kneil, Westfield; Miss Mary Scarlett, Miss Ella Starkweather, Miss Helen McHugh, Miss Louise Bennett, Miss Katherine Fitzgerald, Miss Anna T. O'Connell, Miss M. A. Cronin, Miss Katherine Meenan, Miss J. Minerva Davy, Boston City Hospital; Miss Nina McDonald, Miss Katherine DeWolf, Brockton City Hospital; Miss Mary C. Daly, Massachusetts Homeopathic Hospital; Miss Stella Goodnough, Brattleboro, Vt.; Miss Margaret B. Molloy, Miss E. M. Dwyer and Miss Katherine McCollough, Long Island, Boston Harbor, Hospital; Miss B. A. Regan and Miss Josephine Murphy, Carney; Miss Pearl Haines, McLean Hospital; Miss M. J. Beers, New England Hospital; Miss Laura F. Carney and Miss Elizabeth Roche, St. Elizabeth Hospital.

STATE MEETINGS

CALIFORNIA.—The California State Nurses' Association met in Oakland, August 5–7. The program included the following papers: Red Cross Affiliation, Julia Hinkle; The Duty of the Training School to the Nurse, Louise Adams

Moore; Hospital Ethics, Katherine Brown; Responsibility of the Private Nurse, Isobel Fleming; Tuberculosis, Frances B. Ferris; The Commercial Spirit in Nursing, Margaret A. Pepoon; How Can We Assist the Nurse When Ill? S. Gotea Dozier, and Some of the Problems of the Nurse in Private Practice, by Emily E. Woodman.

GEORGIA.—The Graduate Nurses' Association of Georgia, formed at Savannah, held meetings May 15 to 17 at the Woman's Club, Savannah. Representatives were present from Atlanta, Augusta, Athens, Macon, Columbus, and Valdosta.

Addresses were delivered by Mrs. George Baldwin, president of the Woman's Club; Dr. G. J. Charlton, president of Chatham County Medical Society; Dr. J. B. W. Holmes, president of the State Board of Medical Examiners; and Judge Walter C. Hartridge.

The following officers were elected: President, Mrs. A. C. Hartridge; first vice-president, Miss Owens; second vice-president, Miss Brotherick; recording secretary, Miss Blythe Wilson; corresponding secretary, Miss Cavendish.

A bill to provide for state registration was drawn up by the association to be presented to the legislature in June.

ILLINOIS.—The regular quarterly meeting of the Illinois State Association of Graduate Nurses was held at Chicago, on May 8.

Miss Seidensticker, chairman of the legislative committee, gave an interesting report of the work of the committee at Springfield, and announced that the bill providing for state registration for nurses had passed Senate and House without an amendment, and had been signed by the governor of Illinois.

A standing vote of thanks was given Miss Seidensticker for her successful work as chairman of the legislative committee.

The following resolution was adopted: *Resolved*, By the members of the Illinois State Association of Graduate Nurses, represented in regular quarterly meeting, that the thanks of this association are hereby tendered to Honorable Charles S. Deneen, Governor of Illinois, for his consideration in the matter of the law, providing for the registration of nurses in Illinois, and we pledge our coöperation in every way in making its administration reasonable, conservative and just.

Dr. Rachel Yarros addressed the nurses on Social Hygiene, outlining the work to be taken up by the Society of Social Hygiene organized by the Chicago Woman's Club. The address called forth quite an interesting discussion with requests for literature on the subject.

ILLINOIS.—The quarterly meeting of the Illinois State Association of Graduate Nurses was held in Chicago August 14, the president in the chair.

For a mid-summer meeting the number present was encouraging. After the usual business was disposed of, Miss Eldredge, who represented Illinois at the National Alumnæ Association, gave a report of the Richmond meetings. This report was much appreciated by the members present as, without being sufficiently long to be tiresome, it gave to those unable to be at Richmond a very fair idea of what took place.

After a short discussion of the great need of Illinois doing at least its full share towards endowing the chair of Hospital Economics at Columbia University (during which discussion the statement was made that each nurse of the country should give not only one day's salary but the amount of one week's work), an opportunity was allowed for those present to pledge twenty-five dollars or less. A few members took advantage of this opportunity.

Illinois, having now secured state registration, and the association being ready to take up other work, a short time was given to the discussion of a nurses' club house in Chicago. After a sketch by Miss Topping of what is being done in other cities and what might be done in this one, a motion was carried that the chair should appoint a committee to consider ways and means and make its initial report at the November meeting.

The remainder of the time was given to sociability and informal discussion of affairs in general, as well as of cooling drinks.

MASSACHUSETTS.—The fourth annual meeting of the Massachusetts State Nurses' Association was held in Boston, on June 11, 1907. It was opened with prayer by the Rev. R. Kidner.

The president's address was full of hope and encouragement—calling attention to the work which had been done, the valuable experience gained, and the unity and harmony which prevail among our members. She urged us to agitate for the bill; create an understanding of it; make friends for it; and to remember that this is a critical time when something must be done and *we* must do it.

Miss Julia E. Reed, delegate to the tenth annual convention of the Associated Alumnæ, gave an interesting account of that meeting.

Miss Mary L. Birtwell, general secretary of the Associated Charities of Cambridge, Massachusetts, spoke of the work and aims of that society. She said the underlying principles in charitable work are the same as those in any business transaction, and are dictated by good judgment and common sense in any difficulty in any walk of life. There must first be investigation, then coöperation, and then personal service and influence.

Dr. Eliza Taylor Ransom gave a very helpful address on the work of nurses in the public schools, telling how and when to take the examination, and what would be required of applicants. She made the work seem very attractive and desirable.

At the councillors' meeting it was voted to contribute two hundred dollars toward the establishment of a fund for the endowment of a chair of hospital economics at Columbia College.

Officers for the ensuing year were elected as follows: Miss Mary M. Riddle, president; Miss Lucy L. Drown, first vice-president; Miss Annie I. Fletcher, second vice-president; Miss Esther Dart, recording secretary; Miss Agnes E. Aikman, corresponding secretary; Miss Elizabeth J. Tisdale, treasurer.

Refreshments and a social hour were enjoyed at the close of the meeting.

ESTHER DART, Secretary.

MICHIGAN.—The third annual meeting of the Michigan State Nurses Association, was held at Battle Creek, June 4–6, and was unique in the history of

the association, as all the members were guests of the Battle Creek Sanitarium for the three days. Rev. F. H. Bodwem opened the first meeting with prayer and a very cordial welcome was extended by Mayor Green. Miss Mary Haarer responded. The reports of standing and special committees were of great interest, and the work of the year was ably summed up in the president's address. A paper on Power of Organization was given by Miss Emma A. Fox, discussed by Miss Lulu Durkee and Miss Ada Waters. The association was much honored by the presence of Miss Linda Richards, who gave a very instructive paper on Public Health Problems. After the discussion, which was led by Miss Elizabeth Lounsbury, Miss Richards gave an account of her early hospital days, which was of great interest to all.

The legislative committee reported that the bill for registration was still in the hands of the Public Health Committee and the opposition created by some members of the medical board was so strong there was no chance of its being passed this year. A discussion followed as to the work to be done for the bill before another legislative session. The feeling seemed unanimous that it was better not to have state registration than to be under the medical board. The paper causing the most general discussion was given by Mrs. G. O. Switzer on Central Directories for Nurses. The discussion was opened by Miss Elizabeth Flaws. About one hundred and fifty nurses were in attendance and all thoroughly enjoyed the generous hospitality of the Sanitarium. Every one was given an opportunity to see all the workings of this splendid institution. The swimming exhibition and gymnasium drills given by the nurses of the Sanitarium were much enjoyed. The first evening a fine concert and informal reception were given. Wednesday, a drive in the afternoon and a banquet where two hundred and forty were entertained, were the social features. An illustrated lecture by Dr. Kellogg, superintendent of the Sanitarium, was very instructive and much appreciated. The association decided to publish a State Journal, and Miss Sarah E. Sly was appointed editor-in-chief, with Miss Agnes Deans as business manager. The following officers were elected: President, Miss E. L. Parker, Lansing; first vice-president, Mrs. M. S. Foy, Battle Creek; second vice-president, Mrs. G. O. Switzer, Ludington; recording secretary, Miss Elizabeth Flaws, Grand Rapids; corresponding secretary, Miss Fantine Pemberton, Ann Arbor; treasurer, Miss A. M. Coleman, Saginaw. The business men's club of Ludington invited the association to be their guests for the next annual meeting.

MINNESOTA.—The Minnesota state board of nurse examiners consists of Miss Edith P. Rommel, Minneapolis, president; Miss Helen Wadsworth, St. Paul, secretary; Miss Bertha Johnson, St. Paul, treasurer; Dr. Jeannette McLaren, St. Paul; and Miss Eleanor Hamilton, Minneapolis.

At the time of the convention of the National Conference of Charities and Correction, which met in Minneapolis early in June, a delightful banquet was given in honor of the visiting nurses and as a jubilee over the success of its bill by the Minnesota State Graduate Nurses' Association. Mrs. Alexander Colvin presided. Four nurses, who are heads of visiting nurse associations, were present: Miss Lott, Colorado Springs; Miss McCarthy, San Francisco; Miss Johnson, Cleveland; and Miss Cardinal, Eau Claire.

NEBRASKA.—The Nebraska State Association of Graduate Nurses was organized at the Clarkson Hospital, Omaha, Nebraska, November, 1906, with ten members. The constitution and by-laws were adopted in January, 1907, when the membership had increased to twenty.

In order to get all nurses interested it was thought best to hold monthly meetings the first year. The demand for nurses throughout the state is so great that they seldom are obtainable for a meeting.

The May meeting, a public one, was held in the Young Women's Christian Association rooms, the use of which was kindly donated. Interesting talks were given by Dr. Towne, on Tuberculosis, and by Mrs. Towle, Probation Officer, on the work of the Juvenile Court.

Twenty-four nurses were present, some being from Lincoln and David City.

A. E. BROBSON, Secretary.

President, NAN L. DORSEY,
119 No. 32nd Ave., Omaha, Neb.
Secretary, A. E. BROBSON,
care Clarkson Hospital, Omaha, Neb.

NEW HAMPSHIRE.—The first annual meeting of the Graduate Nurses' Association of New Hampshire was held Monday, June 10, at the Memorial parish house, Concord. The president of the association, Miss Ada J. Morey, of Hanover, presided. About seventy-five members were present, and the association was much gratified to have with them Miss M. E. P. Davis, of Philadelphia.

There were also present a number of physicians, trustees of hospitals, and others interested in the work of the association.

The meeting was opened with prayer by the Rev. Mr. Alexander, of St. Paul's Episcopal Church, Concord. Then came the reports of the recording secretary and treasurer, the corresponding secretary, the ways and means committee, membership committee, and the committee on amendment of by-laws. Nineteen new members were added making a membership of one hundred and thirty.

The by-laws were amended so that the meetings will be held the second Wednesday of June, September, December and March instead of the second Monday of those months. The eligibility clause was amended by adding to it the following words: "To be eligible for membership in the association, after March 7, 1910, a nurse must hold a certificate of registration by the state."

The following is the list of officers elected for the coming year: President, Grace P. Haskell, The Wentworth Hospital, Dover; first vice-president, Nancy V. Curtice; second vice-president, Ada Van Vrankin; recording secretary and treasurer, Winifred Shears; corresponding secretary, Ida A. Nutter, The City Hospital, Laconia; members to complete the executive board, Blanche Montross Truesdell, Ida F. Shepard, Mabel Potter, and Selina O. Rittenhouse.

It was voted to make the AMERICAN JOURNAL OF NURSING the official organ of the association and a committee was appointed to ask all nurses in the state to subscribe for the JOURNAL if they were not already subscribers. The delegate to the Associated Alumnæ convention at Richmond tendered her report of the convention and in this report attention was called to the plan for endowing the chair of hospital economics at Teachers' College, New York.

After this report of the delegate was given, it was voted that a committee be appointed by the chair to ask every nurse in the state to give three dollars toward the endowment fund. The committee was appointed as follows: Miss Augusta C. Robertson, The Elliot Hospital, Manchester; Miss Carrie M. Hall, The Margaret Pillsbury Hospital, Concord; Miss Ella McCobb, The Elliot Hospital, Keene.

Dr. Goodwin, assistant superintendent of the New Hampshire State Hospital for the Insane, read a paper, entitled, "Nursing in State Hospitals for the Insane." Dr. Goodwin was followed by Miss M. E. P. Davis. Her subject was, "What Subjects Should Be Taught in Training Schools for Nurses to Best Fit the Nurse for Private Work?" Miss Davis' suggestions and advice were of course those of a woman who has grasped the entire nursing situation, and the members present felt that they had gained much in getting her views.

Other speakers were Dr. Wilkins, of Manchester; Dr. Charles P. Bancroft, superintendent of the New Hampshire State Hospital for the Insane; Mrs. Bancroft, and Dr. Marion L. Bugbee, of Concord. All suggested important ideas as to the work of the association and the education of nurses. The central preparatory school, the eight-hour system and the three years' course were recommended as important.

A paper written by Miss Helen Scott Hay, of the Illinois Training School for Nurses, Chicago, was read by Miss Grace P. Haskell. The board of nurse examiners made their report stating that one business meeting had been held and that forty-six applicants had been recommended to the regent for a state license. The association showed its appreciation of the importance of the work accomplished during the last year by a motion that was made and unanimously carried that the association give to the chairman of the ways and means committee one hundred dollars now, and fifty dollars yearly, until she has received five hundred dollars.

The new president was introduced and addressed the meeting. She urged the necessity of trustees of hospitals being more in touch with nursing affairs and, as a means of accomplishing this, recommended that nurses be represented on the board of trustees of the hospital from which they were graduated.

The next meeting is to be held September 11 at Hanover.

PENNSYLVANIA.—The Graduate Nurses' Association of the State of Pennsylvania met at Reading, Penna., May 29–31.

One new feature was that there were four open sessions in place of the usual order of having one open and the others closed. This proved so acceptable that the arrangement will be continued at future meetings.

Addresses were made by Mayor Gerber, Mr. F. W. Nicolls, Mrs. L. W. Quintard, Dr. F. E. Howell, Dr. S. L. Kurtz, and Hon. G. A. Endlich.

The Question Box was of such interest to both nurses and layman that another will be conducted at the October meeting. Questions for this meeting should be sent to the secretary.

The social features consisted of a reception, at which Miss Mary Sims, of Haverford, presided as toast mistress, and of two trolley rides over the mountains.

Almost one hundred dollars was raised by individual subscription for the

hospital economics endowment, and it is hoped that much more may be raised by January 1. The members of the association came to Reading feeling much discouraged over the failure of their bill, but they found so much enthusiasm on coming together that they have resolved to take the advice of one speaker and "Try, try again."

The annual meeting will be held at Pittsburg, October 16–18, when officers will be elected.

The Pennsylvania nurses' bill has again been defeated. The bill was introduced on March 20 and failed for lack of a constitutional majority. A motion to reconsider was made and it was again put on the calendar to fail again from the same cause. The opposition came from "special interests" and the "State Committee on Nursing"—an organization consisting of seventy-three members—which issued circulars galore against the "nursing trust." These circulars were scattered broadcast among the doctors and legislators of the state, and so alarmed the rural districts that the bill was defeated.

TEXAS.—The Texas Graduate Nurses' Association held its first annual meeting at the Shearn Methodist Chapel in Houston on June 3 and 4.

The profession was well represented from all parts of the state. At the opening meeting Dr. S. C. Red delivered an address of welcome and the president, Miss J. S. Cottle, delivered an address in which she referred to criticisms which had been made of state legislation for nurses and in which she pointed out that through proper organization it will be possible to put the profession in better standing with the public. After the secretary's report had been read and some routine business transacted, a luncheon was served at the Rice Hotel.

At the evening session, an address was given by Rev. J. W. Moore, and a paper was read by Miss M. M. McKnight of San Antonio on the importance of state registration.

On June 4 the bill for state registration was revised, read, and accepted by the association. It is hoped that it may be passed by the next legislature.

The next meeting will be held in San Antonio, next April, during the Battle of the Flowers.

REGULAR MEETINGS

BOSTON, MASS.—The "Linda Richards Club," an informal local association composed of seventy-five superintendents and assistant superintendents of hospitals and training schools, gave a luncheon March 30, 1907, at Young's Hotel.

The question as presented by Dr. Bristow in the March number of the JOURNAL "Is the Present System of Training Fair to the Pupil Nurse?" was informally discussed, after which an almost unanimous vote was passed in favor of the three years' course of training.

A motion was also made and unanimously carried, that the sense of the meeting should be expressed in suitable form and sent for publication to the AMERICAN JOURNAL OF NURSING and *The Trained Nurse*.

"We believe that a return to the two years' course of training as adopted by certain New York schools is a step backward and opposed to the highest

interest of the public, the medical and nursing profession and the welfare of the hospitals, for the following reasons:

1. The public has been educated to expect much more from the nurse than it did ten years ago. We should be able to supply women qualified to meet the required standard whether it be in the home, the school, the settlement or elsewhere. She is now recognized as an educational and economic factor of great value in the community, therefore sufficient time should be allowed for proper preparation.

2. The medical profession, in its wonderful strides forward, has become accustomed to receive skillful assistance and intelligent coöperation from the nurse. The three years' training makes it possible to give the highest grade of work and continued satisfaction.

3. The advantage of the three years' course of training to the pupil is beyond doubt. In two years it is impossible to give equal and uniform experience in all the departments of a general hospital. She must be hurried from place to place, gaining a cursory and superficial knowledge of each, and in the nervous strain occasioned by the too frequent changes becomes totally unequal to the class work demanded of her. It would be impossible in two years to give a pupil experience in administrative and executive work, now so satisfactorily introduced in the longer course.

The special courses provided by the system of affiliation between hospitals, for the express purpose of better preparation for nurses would be no longer possible. The hospitals frequently lose the services of their classes for several months while they are sent at considerable expense to take these special courses.

4. To the nursing profession, as a whole and individually, a general return to the two years' course would seem a matter of injustice. The present demand upon the graduate nurse makes a broad general professional education imperative. If she is imperfectly prepared she finds herself restricted in usefulness and unable to take advantage of the increasing opportunities for work.

5. Acknowledging that under certain conditions and in certain schools the three years' course would be most unwise we feel that in the great majority of schools the three years' course is both possible and practicable. We are also willing to acknowledge that the best interests of the pupil nurse have been sacrificed in many instances and that much extraneous matter has been brought into the curriculum, yet at the same time we believe that the superintendents of the training schools, throughout the country are keenly alive to the situation and are bravely working, frequently against great difficulties, to bring about a fair, honest system of training.

6. It does not seem reasonable to ascribe the decrease in applicants entirely to the lengthened course. From experience and observation we should not recommend a return to the two years' course as a remedy, but suggest shorter hours, better instruction, comfortable, attractive homes, good food, just treatment and the establishment or non-establishment of an allowance as the conditions would seem to indicate.

7. The hospital benefits from the three years' course owing to the higher class of work obtained from the continued presence of the staff of nurses. We believe that the advantages to the hospital are balanced by the advantages to the nurse and that the obligations of the hospital to the nurse are no greater than those of the nurse to the hospital.

Clara D. Noyes, superintendent St. Luke's Hospital and Training School, New Bedford, Mass.

Mary H. Paterson, Supt. Newport Hospital, Newport, R. I.

Anne Chandler Parker, Supt. Hale Hospital, Haverhill, Mass.

Julia May Leach, Supt. Salem Hospital, Salem, Mass.

Mary M. Riddle, Supt. Newton Hospital, Newton, Mass.

[This report was received too late for publication in June.—Ed.]

Boston, Mass.—The last meeting of the season of the Massachusetts General Hospital Alumnæ Association was held at the Faulkner Hospital, Jamaica Plain, by invitation of the superintendent, Miss Ruggles. After the routine business, encouraging reports were heard from those in charge of the arrangements for the bazaar to be held at the Parish Hall, Trinity Church, Boston, on the 4th and 5th of next December. This sale is, as has already been announced, for the benefit of the free bed fund for nurses at the Massachusetts General Hospital. The alumnæ association has undertaken this project, and so encouraging are the reports from the heads of different tables, that it begins to look as though possibly the entire amount necessary, namely, $5000, might be realized by the end of this year. The executive committee of the alumnæ association was asked to serve as a general committee on arrangements for the bazaar. All correspondence on the subject will therefore be directed to the secretary, Miss Agnes Aikman, 24 McLean Street, Boston. Contributions of fancy articles may be sent to Miss Dolliver, at the Massachusetts General Hospital, after November 15, or directly to the heads of tables whose names and addresses follow:

Miss Carlisle, infant and fancy work, 31 Dartmouth Street, Boston.

Miss Morris, bags, 4 Brimmer Street, Boston.

Miss Ruggles, sofa cushions, Faulkner Hospital, Jamaica Plain, Mass.

Miss Finlay, cake, 356 Beacon Street, Boston.

Miss Haggard, household, Massachusetts Chambers, Massachusetts Avenue and Boyston Street, Boston.

Miss Craigin, flowers, 18 Hereford Street, Boston.

There will be a café, with Miss Anderson of the Baptist Hospital, Boston, in charge, and Miss Partridge, of the Cambridge Hospital, as assistant. Generous contributions of money will be needed to make this part of the sale a success. Money may be sent to either Miss Anderson or Miss Partridge, or, if preferred, promises of gifts of cake, cold meats, etc., may be sent now and delivered at the place of the sale on the morning of December 4.

Class re-unions will be held at different times while the sale is going on. Miss Annie Smith, 103 Pinckney Street, Boston, is desirous of communicating with former graduates concerning this matter, and will be particularly glad to know of present addresses of former members of the school.

After listening to a most interesting account of the recent meeting of the Associated Alumnæ Association held at Richmond, the business part of the meeting closed and a delightful hour was spent in walking about the lovely grounds of the hospital, looking over the beautiful new building itself and in the enjoyment of the refreshments which Miss Ruggles' generous hospitality had provided. Altogether it was voted to be one of the pleasantest of the series of meetings held monthly during the past year.

Before adjournment, Miss M. B. Brown was elected an honorary member of the association.

PHILADELPHIA, PENN.—The regular meeting of the alumnæ association of the Woman's Hospital was held at the Graduate Nurses' Club House on May 6. The alumnæ have now an endowed room at the Woman's Hospital, and enough money has been raised to furnish the room, which, through the kindness of Mrs. George Earl, Jr., is one of the best in the hospital. A fund is now being raised for the maintenance of the room. Any nurse in good standing who is a graduate of the Woman's Hospital is eligible to admission to the room except when suffering from a contagious disease. Mr. C. P. Peters has presented the alumnæ with a paid up insurance policy on the furniture of the room for a period of five years.

Miss Greaney, president of the Graduate Nurses' Club House, extended an invitation to all nurses to become members of that organization, thus lending their support to a movement to create and foster a feeling of good fellowship among nurses. At the close of the meeting, refreshments were served to the members by Miss Casey and Miss Jackson, vice-president and treasurer of the Nurses' Club House.

ORANGE, N. J.—A regular meeting of the Orange Training-school alumnæ association was held at the home of Mrs. Frank Mann, East Orange, on May 22. An extremely interesting and comprehensive report of the Richmond convention was read by Miss Druge, one of the delegates. Some of the questions discussed at the national meeting were brought up and considered. The most important ones being: "To Whom do the Bedside Records Belong?" and "The Chair of Hospital Economics at Columbia College." After the business meeting, Doctor Winifred Banks gave an able talk on "The Circulation, as Affected by Embolism." All enjoyed the social hour which followed.

PATERSON, N. J.—The alumnæ of the Paterson General Hospital Training School held their regular monthly meeting on May 3. After the business meeting there was a lecture by Miss Emma D. Cushman on her work in Cesarea, Turkey. Following this the alumnæ entertained Miss Cushman and the graduating class with a banquet. The room and tables were decorated with the class colors, green and gold.

WASHINGTON, D. C.—The alumnæ association of the Columbia and Children's Hospital held its annual meeting June 12, at the Children's Hospital. Sixteen members were present. Reports from the treasurer and of committees were read. The constitution and by-laws were revised. Miss Hewitt, delegate to the Associated Alumnæ, read a very interesting report. The following officers were elected for the ensuing year: President, Miss Martuinas; vice-president, Miss M. E. Jones; treasurer, Miss Jessie Franklin; secretary, Miss Frida Braun.

TOLEDO, O.—The annual meeting of the alumnæ association of the Toledo Hospital Training School was held at the Nurses' Home, on May 10. The fol-

lowing officers were elected for the ensuing year: President, Miss Emily Meads (re-elected); first vice-president, Miss Agnes Davidson; second vice-president, Miss Wandschneider; treasurer, Miss Bessie Walker; recording secretary, Miss Jessie Maurrice; corresponding secretary, Medora L. Cotton (re-elected).

On May 16 the alumnæ association tendered a reception to the class of 1907, which is the first to graduate from the three years' course, at the Collingwood Hall.

TROY, N. Y.—The alumnæ association of the Troy City Hospital held its regular monthly meeting on May 6. The following officers were elected for the ensuing year: Directress, Sister Annie; president, Miss Julia A. Littlefield, R.N.; vice-president, Miss Katharine M. Graham, R.N.; secretary, Miss Mary E. Keaney; treasurer, Miss Cecelia M. Toner, R.N. (re-elected). A hearty vote of thanks was accorded the retiring officers for their excellent work.

ST. JOSEPH, MO.—The Nurses' alumnæ association of the Ensworth Hospital gave a reception for all the graduate nurses in the city on the evening of June 27 at the Nurses' Home.

The visitors were entertained with a musical program and after refreshments were served a city association was discussed, and it was decided that a committee from the sisters' alumnæ and from the Ensworth alumnæ meet and appoint a committee to organize a city association.

BROOKLYN, N. Y.—The regular quarterly meeting of the Kings County Hospital association was held at the Reception Hospital, Coney Island, on July 2. There were twelve members present. The revision of the constitution and by-laws was brought before the members, each of whom was given a typewritten copy of the same. The matter was laid aside until the October meeting. The subject of a nurses' club and Kings County Hospital registry for nurses was also put off until the next meeting. The delegate sent to Richmond in May, gave a very fine report.

PITTSBURG, PA.—A mass meeting of graduate nurses was held June 13 in the Young Men's Christian Association building, Pittsburg, Pa., for the purpose of disbanding the Padree County Society and forming a new association, to be known as the Allegheny County Association.

Three papers were read, followed by discussions. First, Nurses' Club Houses, by Miss Mary Weir, graduate West Pennsylvania Hospital, superintendent Braddock General Hospital; second, The Advantages and Disadvantages of Club Houses, by Miss Nora B. O'Sullivan, Mercy Hospital; third, District Work, by Miss Heldman Southside, at present district nurse for Columbian Council of Women. Miss Mary Weir was elected president of the association pro tem.; Miss Nora B. O'Sullivan, secretary.

There were eighty graduates present, and several of the pupil nurses from the local hospitals.

CLEVELAND, O.—The annual meeting of the Graduate Nurses' Association was held on Tuesday, May 28, at the rooms of the Visiting Nurse Association.

Reports showed a large gain in membership. The year's work has been very satisfactory. Addresses have been given on topics of interest relating to practical work in different charitable and educational lines—Settlement work, Juvenile Court work, etc. The registry for nurses established three years ago has been most successful. One hundred and sixty are now enrolled. The calls have trebled in the past year.

Election of officers resulted as follows: President, Miss E. M. Ellis, Lakeside Hospital; first vice-president, Mrs. F. A. Fick; second vice-president, Miss Gladwin; recording secretary, Miss F. Smith; corresponding secretary, Mrs. E. A. Smith; treasurer, Miss Matilda Johnson; counsellor, Mrs. Hunter Robb.

CAMDEN, N. J.—The annual meeting of the Nurses' alumnæ association of the Cooper Hospital was held in the Board Room of the hospital, June 3. The following officers were elected for the ensuing year: Miss Mary E. Rockhill, president; Miss Daisy Dolly, first vice-president; Miss Ella Michaels, second vice-president; Miss Mary G. Woods, secretary; Miss Georgia Michaels, treasurer.

CHICAGO, ILL.—The alumnæ of the Lakeside Hospital gave the graduating class of 1907 a luncheon at the home of Dr. and Mrs. J. L. Albright on May 31. Seven of the nine graduates were present, the other two being out of the city. Miss Caroline Soellner, president of the alumnæ, welcomed the class and guests, and gave the former a cordial invitation to join the association.

CHICAGO, ILL.—The alumnæ association of the Illinois Training School for Nurses gave its annual banquet at the Auditorium Hotel, at which one hundred and fifty-six members and guests were present, the guests being the forty-one members of the graduating class, Mrs. F. A. Smith, Mrs. K. M. Sanders and Miss Katharine Martin. Many out-of-town members were present, among them being one from Bonnie Scotland, and three from the Pacific Coast.

After dinner several toasts were given, Miss Minnie H. Ahrens, 1897, acting as toastmistress. A gavel made of wood from the old church at Jamestown was sent to the association by Miss McIsaac, who was unable to be present.

CHICAGO, ILL.—At the annual meeting of the alumnæ association of the Hahnemann Hospital Miss Ellen Persons was elected president and Miss Nita Womahs secretary.

CHICAGO, ILL.—At the annual meeting of the alumnæ association of St. Joseph's Hospital Miss Lucie Schmidt was appointed president. The annual class-day banquet, held at St. Joseph's Hospital on June 7, was well attended and enjoyed by all present.

PATERSON, N. J.—The annual meeting of the Paterson General Hospital alumnæ association was held on June 4. Officers were elected, business matters attended to and two new members were accepted.

ANN ARBOR, MICH.—The annual meeting of the Nurses' alumnæ association of the University of Michigan was held at the University Hospital on June 13. After the business meeting the members present went for a drive about the city and were the guests of Mrs. and Miss Pemberton for dinner. Entertainment was provided for the guests in the evening and all had a most enjoyable time.

MINNEAPOLIS, MINN.—At a meeting of the Hennepin County Graduate Nurses' Association, June 15, Miss Rommell gave an account of the Associated Alumnæ meeting. The endowment for the chair in hospital economics was discussed, and a collection was taken to start the fund.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its regular business meeting on July 10. The society of one hundred and fifty-five members has filed papers for incorporation. On July 16 this association and the Ramsay County Nurses' Association of St. Paul held a picnic together.

MINNEAPOLIS, MINN.—The alumnæ association of St. Barnabas' Hospital entertained the members of the classes of 1906 and 1907 at its annual banquet. Very entertaining toasts were given, and many out-of-town members were present.

NEWTON HIGHLANDS, MASS.—The Newton Nurses' alumnæ association is to hold a fair in November, the proceeds to go to a graduate nurses' home or club. There is to be a booth devoted to doll delegates. The alumnæ of the different schools are asked to send a doll each for this booth, by November 1, to Miss Gertrude Melick, 9 Forest Street, Newton Highlands, chairman of the fair committee. (Although not stated in the invitation, it is probably expected that the dolls will be dressed in appropriate school uniforms.)

ST. PAUL, MINN.—The alumnæ association of the City and County Hospital Training School gave a banquet on May 14 for the class of 1907. There were twenty-eight present and the occasion was very enjoyable.

HARTFORD, CONN.—At the quarterly meeting of Hartford Hospital Training School alumnæ association, June 11, at the Nurses' Residence, the sum of one hundred dollars was pledged towards the endowment of the chair of hospital economics. The splendid demonstration of some practical methods of nursing, given by the head nurses and pupil nurses of the school, made the meeting decidedly the most interesting event of the year. Demonstrations were as follows: 1. Typhoid Bath in Portable Tub. Washing Hair—patient in bed. 2. Ether Bed. Child's Restraint. Bier's Method of Passive Congestion. 3. Hypodermoclysis. Fowler's Position. 4. Breast and Abdominal Binder. Preparation of Operating Room in a Private House.

CLEVELAND, O.—The annual meeting of the alumnæ association of the Cleveland Homeopathic Hospital was held June 5, considerable business being transacted. Plans were made for a bazaar in November to increase the sick benefit fund.

Officers elected for the ensuing year are: President, Miss Elsie McDowell; vice-president, Miss Louise Oglesbee; recording secretary, Miss Clara Justice; corresponding secretary, Miss Bertha Honing; treasurer, Mrs. E. Nicely.

PHILADELPHIA, PA.—The annual meeting of the Nurses' alumnæ association of the Methodist Episcopal Hospital was held on May 23. Officers elected were as follows: President, Mrs. Ardella Winstanley; first vice-president, Miss Clara Frantz; second vice-president, Miss Lillian Wilsey; third vice-president, Mrs. Krantz; corresponding secretary, Miss Rosalie Ferree; recording secretary, Miss Gertrude Miller; treasurer, Miss Anna Wiswell. A very interesting report of the convention at Richmond was read by the delegate, Miss E. Wetherill.

PHILADELPHIA, PA.—The alumnæ association of the hospital of the University of Pennsylvania held it fourteenth annual meeting at the Nurses' Home, June 3. Thirty members were present, routine business was transacted, a report of the Richmond convention was read by Miss J. English, and the annual address by the president, Miss L. Giberson, was given. Officers were elected as follows: President, Lydia Giberson; first vice-president, Anna Schulze; second vice-president, Kathryn Brennan; secretary, Jennie English; treasurer, Mrs. M. C. Bains; substitute treasurer, Katharine Kane.

A reception was given for the graduating class, of which a large number attended. Letters of sympathy were sent two sick members.

PHILADELPHIA, PA.—The alumnæ of the Germantown Hospital gave a small entertainment in the form of poster charades to start a fund for defraying the expenses of a delegate to the meeting next May, of the Associated Alumnæ, in California. The alumnæ gave a tea to the last graduating class, hoping to interest them from the beginning in alumnæ affairs.

PUNXSATAWNEY, PA.—The regular meeting of the Adrian Hospital Alumnæ Association was held at the Adrian Hospital, on June 5. Six new members were received into the association making a total membership of twenty-four. The following officers for the ensuing year were elected: Mrs. C. R. Stevanson, president; Mrs. Herbert Gourley, vice-president; Miss M. L. Jenks, secretary; and Miss Ellen Brian, treasurer.

After the regular business of the society was transacted, a very interesting report of the Associated Alumnæ meeting was given by Miss Nettie Miller, superintendent of the training school, who is also an honorary member of the alumnæ association.

BALTIMORE, MD.—The second quarterly meeting of the University of Maryland nurses' alumnæ was held in the nurses' assembly room at the hospital,

June 3. The report of the secretary of the entertainment committee for the benefit of the nurse doing tuberculosis work was read and approved, also letters, acknowledging receipt of money, from the Maryland State Association of Graduate Nurses. The report of delegates to the convention in Richmond was received with much interest.

Officers for the year are: President, Miss M. E. Rolph; first vice-president, Miss V. C. Weitzel; second vice-president, Miss N. R. Ferrell; secretary, Miss E. S. F. Featherstone; treasurer, Mrs. Nathan Winslow; members from floor, Miss Bradbury and Miss Roby.

BALTIMORE, MD.—The alumnæ association of the Baltimore City Hospital held its annual meeting at the hospital on June 19. The occasion was rendered unusually interesting by the presence of several out-of-town members. A committee was appointed to raise funds to aid in the purchase of the JOURNAL by the Associated Alumnæ. After the regular business, the following officers were elected: President, Miss Sara Ward; vice-president, Miss Adele Bond; secretary, Miss Deusy Mitchell; recording secretary, Sr. M. Mercedes; disbursing treasurer, Sr. M. Alexins; treasurer, Miss A. V. O'Leary. The class of 1907 was proposed for membership, and after the business meeting, the eight members of the class were given a banquet by the alumnæ.

PERSONAL

MISS EDITH M. HODGINS and Miss Esther Haven sailed July 9 for Honolulu, Hawaii.

MISS LUCRETIA S. SMART has taken the position of superintendent at the Boston City Hospital Relief Station.

MISS BELLE CROSBY, Margaret Kerr and Margaret Wood, of the Toronto General Hospital are abroad this summer.

MISS SHEARD, St. Luke's Hospital, Utica, N. Y., 1906, is taking post-graduate work at Johns Hopkins Hospital.

MISS LEAH FISH, Presbyterian Hospital, Chicago, has recently taken charge of the operating room of the Grace Hospital, Detroit.

MISS PICKHARDT, superintendent of nurses, Augustana Hospital, Chicago, has left for California to indulge in a lengthy vacation.

MISS E. L. WARR, superintendent of the St. Louis Training School for Nurses, and six nurses, sailed for Europe in June for a two months' tour.

MISS MAY LIEST, class of 1905, Columbus State Hospital, has accepted the position of head nurse at the tuberculosis camp at the north end of Columbus.

MISS CORNELIA F. PIERCE, graduate of Sena Hospital, Brooklyn, N. Y., a Spanish war nurse, of Camp Roosevelt, has been seriously ill at Boston City Hospital.

In July, Miss Mary E. Gladwin, formerly of the Beverly Hospital, Beverly, Mass., took the position of superintendent of nurses at The Woman's Hospital, New York.

Miss Minerva E. Brophy has resigned her position as superintendent of the Frances Willard Hospital, Chicago, and is succeeded by Miss Eva J. Shepard who has been her assistant.

Miss Frances M. Quaife, graduate of the New York Hospital, and formerly superintendent of the Touro Infirmary, New Orleans, sailed for Europe in June for a three months' trip.

Miss L. May Bushey resigned her position as resident nurse of the North Texas Female College at the end of the school year, to become superintendent of the Natchez Hospital, Natchez, Miss.

Miss Laura R. MacHale, superintendent of nurses at St. James' Hospital, Newark, N. J., has resigned and will take a needed rest. She has been in this position for six years, and her resignation is much regretted by all connected with the school.

The alumnæ of the New York Hospital training school have decided to make the *Alumnæ News* a permanent feature of their association. It will be edited by Miss M. H. Young. It will contain news items and notices of the alumnæ meetings.

Miss Elizabeth A. Greener, R.N., assistant superintendent of the New York City Training School for Nurses, has been appointed to succeed Miss Clara W. Dyring, resigned, as superintendent of the Hackley Hospital at Muskegon, Mich.

Miss Elizabeth Gordon, Toronto General Hospital, recently in charge of a department in the Presbyterian Hospital, Chicago, has accepted the position of superintendent of the Pueblo Hospital, Pueblo, Colorado, and will take up her duties there September 1.

Miss Eva Moore, Charity Club Hospital, Roxbury, Mass.; Miss Ida Shepard, Mary Hitchcock Memorial Hospital, Hanover, N. H.; Miss B. E. Shepard, Concord, N. H.; and Miss Martha Meek, Contagious Hospital, Brookline, Mass., have gone abroad for two months.

Miss Grace Bently, graduate of the Cleveland Training School for Nurses, has been appointed directress of nurses at the Youngstown City Hospital. Miss Effie B. Doverspike has recently accepted the position of head nurse of the operating room of the same hospital.

Miss Stella Ringer, class of 1907, Lakeside Hospital, Chicago, has taken a position as assistant superintendent and head surgical nurse at Agnew Sanatorium, San Diego, Cal. Miss Gladys St. Denis has gone to Flandreau, South Dakota, as surgical nurse for a surgeon there.

Miss Anne R. Young, superintendent of nurses at the Hospital of the Good Shepherd, Syracuse, N. Y., is giving up her position and intends to study medicine. She will be succeeded by Miss Ida Marker, who has been taking the course in Hospital Economics at Teachers' College.

Miss Anne Paton Letham, Presbyterian Hospital, New York, for three years assistant superintendent of nurses of the Presbyterian Hospital, Chicago, will return to America this fall to take up nursing work again. Miss Letham has spent the last two years in Scotland and in Switzerland.

Miss Helen L. Byrne, of Pittsburg, Pa., has gone to Roswell, New Mexico, for her health. Miss Byrne is a graduate of Mercy Hospital, Pittsburg. For the past year she has been head nurse of the Eye and Ear Hospital there, and previous to that had charge of one of the private wards at Lakeside Hospital, Cleveland, O.

Miss Mary L. Concanon, of the Baltimore City Hospital, class of 1906, has been appointed head nurse of the Mecklenburg Hotel and Sanitarium, Chase City, Va., where she has been on duty for the past three months. Miss Malissa McElheney, 1906. has accepted the position as head nurse of the operating room of St. Mary's Hospital, Clarksburg, W. Va.

Miss Roberta Muhs, '07, Illinois Training School, Chicago, has taken the position of superintendent of nurses at Columbus Hospital, Chicago. Miss Lucy Clark, 1899, goes to Brokaw Hospital, Bloomington, Ill., to relieve Miss Flatt, superintendent, who has been granted an extended leave of absence. Mrs. Josephine Barnhart, 1896, has gone to Moline, Ill., to take up district nursing.

Miss Lucy Walker, who has been for some years superintendent of nurses at the Pennsylvania Hospital, Philadelphia, will resign her position early in September and will not engage in nursing work for the present. She will be greatly missed from nursing ranks, not only by Philadelphia nurses but by all who have known her. She will be succeeded by Miss Emily A. Payne, who was for five years her assistant.

Miss Eleanor Wimbush, a graduate of the Royal Infirmary, Hull, England, and of the Hospital Economics Course, New York, and for eight years superintendent of the Telfair Hospital, Savannah, Ga., has resigned her position and left for her home at Tenington, York, England, being called there on account of illness in her family.

Nurses who intend visiting the Jamestown Exposition this fall will be interested in hearing of a pleasant boarding place, recommended by Mrs. Leah de Lancey Hanger, secretary of the Virginia board of nurse examiners. It is at The Wigwam, Willoughby Beach, Virginia. This is a cool spot, almost surrounded by water, it is very accessible to the exposition, the rooms are comfortable and the fare good.

Mrs. Clarrissa F. Dye, of Philadelphia, a woman of seventy-five years, president of the Association of Army Nurses of the Civil War, is collecting data from the nurses who saw service on the field and in hospitals, with the intention of securing pensions from the government for them, if possible, for many of them are destitute widows too old to work. Mrs. Dye is confident that when the bill is brought up next December it will pass.

Miss Harriet Southworth, a graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., class 1901, and for the last five years superintendent of the Little Falls (N. Y.) Hospital Association, resigned her position June 1

to take a much needed rest. Miss Southworth was a most efficient superintendent and the association deeply regrets her resignation. Miss Southworth expects to take up institutional work in the fall.

Miss Edith Buffet, of the Hahnemann Hospital, Chicago, has recently given up nursing and returned to her home in Dixon, Ill. Miss Annette Hansen has accepted the position of assistant superintendent of the Parkside Sanitarium, Buffalo, N. Y. Miss Barker, recently engaged in visiting nursing, has again taken up private duty. Miss Bertha Purcell, who for the past three years has served as an army nurse, has just returned from Manila.

During the Associated Alumnæ meeting at Richmond, a number of subscriptions to the Journal were taken by Miss Agnes Johnston and Miss S. A. Webb. Two of the names given to Miss Webb were lost, by accident, after leaving her hands. One of these has been ascertained through a complaint sent in to the Journal office. Will the other young woman, who gave her subscription money to Miss Webb and who has not received the Journal, kindly report her name to Miss Palmer at the Rochester office of the Journal, as the money is being held until her identity is made known?

Miss Mary MacConachie, St. Joseph's Hospital, Chicago, on account of ill health, has been compelled to resign from the Visiting Nurses' Association, and will spend the summer with her brother in South Dakota. Miss Madeline Walsh has returned to Chicago from a four months' trip to Southern California. Miss Christine Pearson has left for Europe to be gone for some time. Miss Margaret McDermott, who has been ill in the hospital for several months, is slowly recovering.

Miss Johnstone, superintendent of nurses, St. Luke's, Chicago, who is recovering from a long illness, has gone to Macinac and expects to resume her hospital duties in September. Miss Emma Cawson has accepted the position as assistant in the Crippled Children's Home. Miss Mack and Miss Falls, who were recently in the Sault Ste. Marie Hospital, have accepted positions in the San Diego County Hospital, San Diego, California. Miss McCallum will be in the Home for Incurables, London, Canada, for several weeks, relieving her sister, who has gone abroad.

Miss Mina Leckie, graduate of the Mountain Side Hospital, Montclair, N. J., has accepted the position of assistant superintendent of nurses, at the New Alexandra Marine Hospital, Goderich, Ontario. Miss Lillian Cole, for five years head nurse at the Christian Hospital, Cesarea, Turkey, has sailed again for Turkey, after a year's rest, to take charge of a new missionary hospital at Siras. Mrs. Cornelius Berrien, one of the early graduates of Mountain Side, has just recovered from an attack of typhoid fever. Miss Kate Garrett has retired from active nursing. Miss Alice Guthrie has gone abroad.

Idlehour. Martha Parsons Fund. A small house at Dublin, New Hampshire, has been placed at the disposal of tired-out nurses for the four summer months beginning June 1, 1907. The rate for room and board is very small; and the climate cool and delightful. For further particulars apply to Miss Hamilton, 8 The Fenway, Boston; Miss Dolliver; or Dr. Washburn, Massachusetts

General Hospital; Miss Drown; or Dr. Rowe, Boston City Hospital. By writing full name and address to Miss Denison, in Dublin, special tickets can be procured from Boston to Harrisville, the railway station, where a stage going to Dublin meets the trains.

Miss Mary McKechnie, who has been superintendent of the Orange Memorial Hospital, Orange, N. J., for the past two years, and who has been of great assistance in organizing the work in the new building, will sever her connection with that institution September 1. Her place will be filled by Miss Laura B. Mick, for many years in charge of the Mountain Side Hospital, Montclair, who will enter upon her new duties October 1. During the intervening month Miss Stella Loring will be in charge of the hospital. She is a graduate of the Orange Training School and has been superintendent at Rockford, Ill., and has done district nursing at Peoria. At the conclusion of her engagement she will become head worker in the Orange Valley Nurses' Settlement. Miss M. D. Cox, of the Mountain Side Hospital, and later of the New York Lying-in Hospital, has been appointed superintendent of nurses at Mountain Side, while Miss Mary White, of the Paterson General Hospital, and Miss Orpha Puder, of the Orange Training School, are supervisors.

BIRTHS.

Born, on July 28, to Mrs. F. G. Parcher, formerly Miss Perkins, of the New York Infirmary Training School, a son.

MARRIAGES

Bertha A. Laye, Toronto General Hospital, class of 1902, and William H. Gold, of Parry Sound, were married on June 12.

Miss Millicent Geare, class of 1905, University of Maryland Hospital, Baltimore, to Dr. Page Edmonds, on May 30.

In Chicago, June 1, Miss Florence Louise McBride, graduate of Marion Sims Hospital, class of 1902, to Mr. William Frederick Waldron.

Rhano Aitkin, Toronto General Hospital, class of 1901, and Dr. Horatio Walker were married on June 15. They are at Cimarron, New Mexico.

At Woodbine, N. J., May 26, Miss Jessie Goldberg, of Jenkintown, Pa., class of 1904, Jewish Hospital, Philadelphia, to Mr. Israel N. Cohen, of Medford, N. J.

Mr. Herbert Marvin Bransford and Miss Lilian Grace Ellsworth were married at Portland, Oregon, on June 24. They will live at South Bend, Washington.

Lillian McCullough, Toronto General Hospital, class of 1904, and Mr. Burton A. Tomans were married on June 20, and will live at Halifax, Nova Scotia.

Mr. Clemens August Bugel and Miss Eleanor Marinda Marr were married on June 5 at West Roxbury, Mass. Their home will be at 47 Mount Vernon Street.

Miss Juliet E. Enders, a graduate of the Touro Infirmary, New Orleans, was married on January 8, to Rev. Ulysses Baxter Currie at Shreveport, Louisiana.

On June 2, at Minneapolis, Miss Marie Rose Jamme to Mr. Edwin Walter Stuhr. Mrs. Stuhr is a Johns Hopkins graduate and has been engaged in visiting nurse work.

A. Maud M. Crawford, Toronto General Hospital, class of 1889, and Mr. Basil G. Hamilton were married in Winnipeg, on June 29, and will reside at Calgary, Alta.

Mr. Edward Adelbert Fisher and Miss Maud Bayley were married on July 3 at Collingwood, Ontario. They will live at 442 South Chestnut Street, Ravenna, Ohio.

At Greene, N. Y., on January 16, Miss Clair Sanderson, class of 1905, Jewish Hospital, Philadelphia, to Mr. Edward DeWitt Smith. They will reside at Greene, N. Y.

On May 7, Miss Marion Jean MacCready, R.N., a graduate of the Bushwick Hospital, was married to Mr. Tredinck Siede, of Brooklyn, N. Y. They will live at Arlington, N. J.

In New York City, July 8, Miss Katherine McCormack, class of 1903, Orange Training School, Orange, N. J., and Dr. John E. Vallie. Their future residence will be Lebanon, N. H.

Miss Clara Howard, class of 1889, Blessing Hospital, Quincy, Ill., was married to Mr. James E. Stevens at her home in Whittier. Mr. and Mrs. Stevens will live at 880 Lydia Street, Oakland, Cal.

Miss Cassie Leola Rogers, a graduate of Bridgeport Hospital Training School, Bridgeport, Conn., class of 1899, was married on July 31, at Saginaw, Michigan, to Mr. Langley Sutherland Foote.

On June 4, by the Reverend Livingston L. Taylor, Miss May Smith, class of 1905, German Hospital, Brooklyn, N. Y., to Dr. William Pfeiffer. Dr. and Mrs. Pfeiffer will reside at 313 Stuyvesant Avenue, Brooklyn.

Miss Edith B. Byers, class of 1905, Ensworth Hospital, St. Joseph, Mo., was married to Dr. J. S. Laughead, of Letcher, South Dakota, on June 17. Mrs. Laughead was president of the Ensworth Alumnæ Association.

At St. Agnes' Chapel, on July 9, Miss Ada M. Dixon, graduate of the New York Infirmary for Women and Children, to Mr. W. Dailey, of Franklin Furnace, N. J. Mr. and Mrs. Dailey will live at 80 Grand Avenue, Middletown, N. Y.

OBITUARY

Miss Anna Lyons, graduate of the Mt. Sinai Training School, class of 1905, died at the hospital on May 16.

Miss Bertha J. Cooke, class of 1895, Worcester City Hospital Training School, died of pneumonia on July 24. She was a woman of executive ability and noble character.

Miss Elizabeth Hoffman, a graduate of the State Hospital, Scranton, Pa., died on July 21. Resolutions of regret for her loss were adopted by the members of the alumnæ association.

Miss Harriet H. Jackson, class of 1892, Illinois Training School, while mentally unbalanced, threw herself before a train and was killed. She was a good woman and a good nurse; her friends deplore her tragic end.

Miss Florence Brown, class of 1902, of the John Proctor Hospital Training School, Peoria, died at the home of her sister at Monica, Ill., June 18, 1907. Miss Brown had been in poor health for six months, which caused her to be despondent and she committed suicide by shooting. Her professional ability was of the highest order, and her sister nurses sincerely regret her loss from their ranks.

The Westinghouse Lamp Company, a large manufacturing concern, in New York City, which employs over seven hundred girls, has engaged a nurse to look after the physical welfare of its employees. Her whole time at present is spent in the factory, but the work will probably develop into general welfare work in connection with visiting nursing. Miss Virginia Runyon, a Bellevue graduate, is the nurse engaged.

TRAINING-SCHOOL NOTES

THE Chicago Policlinic Hospital has been erecting a new hospital and a new nurses' home.

A NEW nurses' home, a gift from Mr. William T. Evans to the Mountain Side Hospital, is now being erected, at Montclair, N. J.

THE Hahnemann Hospital, Chicago, has lengthened its course of training to three years and hopes to introduce the eight-hour system.

AT the Long Island College Hospital, the eight-hour system is being tested in some of the wards, with the idea of instituting it throughout the entire hospital.

THE new Michael Reese Hospital, Chicago, was opened for patients on June 16. For two years the patients have been cared for in the old nurses' home, while the new building was under way. The new building is a fine fire-proof structure with accommodations for three hundred patients.

THE S. R. Smith Infirmary, Staten Island, N. Y., has received a much needed and greatly appreciated gift, a nurses' home, erected by Mrs. George D. Farrar, in memory of her husband. It contains an ample number of bedrooms for the present nursing force, with room for further growth. It has also reception, class and lecture rooms, but no mention is made of dining rooms.

OWING to the increase in the staff of nurses at the Metropolitan Training School, Blackwell's Island, N. Y., it has been necessary to provide additional accommodations, and a new wing is being added to the present Nurses' Home. Work has commenced on the new Nurses' Home, which is to cost about two hundred and fifty-five thousand dollars, and which will be located at the north end of the Island.

THE nineteenth annual report of the Morton Hospital of Taunton, Mass., contains the following encouraging statement: "A year or two ago the nurses' course was extended to three years, and since then the graduates are able in return for the additional benefit they now receive, to give better because more thoroughly trained care to their patients. The good results thus obtained have, we think, proved the wisdom of the change."

THE James C. Hart Memorial Building of the Rochester City Hospital was formally opened on the 28th of May. This is a detached building, standing at right angles to the hospital proper, and faces the nurses' home, which was built by Mr. Hart during his life time as a memorial to his wife. It is to be used for obstetrical patients largely, though a few nervous patients will have rooms there while there is accommodation for them. All the arrangements for working and for the comfort of both private and charity patients are modern and complete.

The Maternity Building of the Presbyterian Hospital, Chicago, is being torn down to make room for a pavillion for private patients to be commenced at once. The original building, put up in 1883, will also be torn down and rebuilt. The plans provide for new kitchens, laundry, power plant, operating rooms, maternity service, an isolation building, and probably another dormitory for the nurses' home. It is expected that all the buildings will be ready for use by the Fall of 1908.

Two additional scholarships have been given to the nurses of the Toronto General Hospital, each of fifty dollars, to be presented annually, for general proficiency in the intermediate and junior classes. A third has been raised by the alumnæ association of twenty-five dollars annually, and a fourth, available until the year 1917, is to be used as an award "to the nurse in her senior year who has most consistently endeavored to maintain aseptic conditions in the treatment of surgical cases and in her work generally about the hospital."

The Illinois Training School for Nurses, Chicago, is giving a general post-graduate course to nurses of other schools. The eight-hour system is to be put into practice as soon as possible. Ten medical clinics are to be given during the winter for the pupil nurses by well known practitioners of the city. Graduates of the school also will probably be admitted to these clinics, which will be held in the evening. The probationers and junior nurses are to have instruction in physical culture, "to teach them how to take care of themselves." Six scholarships have been given the school, two for each class, of fifty and one hundred dollars each, which will be presented annually for best records in all things,—class work, practical work, and conduct included. The Nurses' Home is being enlarged by an addition which will give about forty more bed-rooms, with enlarged lecture, sitting and dining rooms.

Surgeon-General Presley M. Rixey, in a recent address before the Garfield Memorial Hospital School for Nurses, in Washington, spoke of his desire for trained nurses in the navy. He said in part: "I hope in the near future to offer to woman nurses service in the care of the sick and injured in the navy, and if the advice of the Bureau of Medicine and Surgery had been taken, the sick of the navy at shore stations and in the naval hospitals would, several years ago, have had the valuable aid of woman nurses. I have for more than four years urged upon five different Secretaries of the Navy, and, with their permission, upon Congress, our great need. My action on this question has been so persistent and forceful that I cannot see how we failed; but so it is to-day that we are urgently in need of trained men and women nurses, and as I have so often explained to those upon whom the decision rests, this absence of proper nursing means suffering for those who are unable to help themselves. The Government supplies accomplished physicians and surgeons, with splendidly equipped hospitals and facilities on every ship for the proper care of those sick or injured; in fact, an up-to-date equipment. The one blot upon this splendid establishment is the want of what you represent—trained nursing. My hope and belief and consolation is that our work in the past four years will, during the next Congress, bear fruit, and that we shall within the next year have not only a well-equipped and organized male hospital corps, but a woman nurse corps and dental surgeons."

PRACTICAL SUGGESTIONS

HOSPITAL SUGGESTIONS: We get the soap shakers housewives use for dish washing, and use the ends of soap in them for making the soapsuds for enemata.

M. C. W.

IN the back yard, where we have plenty of sunshine, I have had built a rack for airing of mattresses. It is made of 1½-inch gas piping—18 feet long and 4 feet wide—and has six pieces put into the ground. It stands about four feet high.

TOP VIEW.



M. C. W.

IN each bathroom and dressing room, we have pieces of newspaper, cut about the size of one-fourth a newspaper, with a string in one corner, holding them together as a hanger. These are used for wrapping soiled pads, or small dressings, thus keeping in the odors. When emptied from the baskets they are less unsightly for the men to handle, and if any pieces are dropped, they do not soil the hands.

M. C. W.

[NOTE.—It is refreshing to have a suggestion like the above which tends to preserve one's sense of decency. Sometimes a pupil nurse seems to lose all she presumably brought to the hospital with her. We have twice been told of nurses who threw soiled vulva pads, without any covering, into the scrap basket of the patient's bedroom, leaving them there to be cared for by any one, and to be seen by any one. In each case the patient was shocked and horrified, but failed to call upon the nurse to perform her duty properly, though in one case a change of nurses was made for this and similar reasons. The pity is that neither the nurse nor the superintendent who was sending her out on cases was informed as to where the trouble lay.—Ed.]

FOR the rubber sheets, I have had racks made, on the plan of the roller-towel rack, except that the rod is about three inches thick, and solid at both ends.

M. C. W.

I WANT to suggest the use of Bon Ami for scouring instruments. After the instruments are boiled, scrub with Bon Ami and lay them aside to dry. Later rub them with a brush and chamois and they will look like new. It is also valuable for windows or any glass.

L. M. B.

IN regard to the item about cocoa in the June JOURNAL,—all cocoa has some combination of starchy material and should be cooked with a little water before the milk is added. Then the milk should not boil, and there will not be an incrusted pan, while the cocoa will be better prepared and more palatable.

L. M. B.

A VISITING nurse in Cleveland has discovered that the little wooden markers used by florists for their plants make excellent tongue depressors. They have the virtue of cheapness and can be destroyed after once using.

IF the neck of a nursing bottle be moistened before the nipple is put on, it will adhere more closely.—*British Journal of Nursing*.

A CORRESPONDENT asked through this column some months ago why so few young children care for vegetables. No one has suggested an answer, but a writer in the *British Journal of Nursing* comments on such a condition as being usual, and suggests that if it is desired to have such a child take vegetables they will sometimes be taken willingly in the form of a thick soup or a purée.

DENTISTS are finding the teeth of many children bad because they have not sufficient exercise in chewing. All our ready-cooked breakfast foods and even bread and milk are too easily swallowed without mastication. Most children need more fruit and vegetables added to their diet as an aid to better teeth, as well as for reasons of general health. As an offset for this lack of friction in mastication, dentists are using a method which they call polishing, which is not only expensive, but annoying, if not painful, to most children, as it is done with an engine and revolving disks. It would at least be cheaper to teach the child to chew.

AT the Exhibition of Social Work and Hygiene held at Berlin, last March, one hint was given that might be adopted with benefit in all American cities. Paper bags were exhibited to be used by bakers to put

their loaves of bread in immediately on taking them from the oven. The bags are sealed at the end, and the consumer is assured that the bread has not been handled by many grimy hands.

A SUPERINTENDENT of nurses inquires: "To what uses may the partially worn out rubber sheets be put? I use them for rubber pillow cases, when there is enough good; for covering bricks to be used as door stops; for squares to be used under bath tubs and cleaning basins; and for making up the head of the anæsthetic beds."

Do any of your readers know of a simple elevator that can be put into a house at little expense to be used to carry an invalid from one floor to the next—a distance of about nine feet?

R. I. P.

CAN you give me the name of a small garbage burner that might be placed in the basement of our institution for the burning of dressings, etc.? I should like something with which gas may be used as fuel.

I. R. F.

WILL you kindly give me the method employed in the most advanced hospitals for handling and disinfecting the linen soiled with excreta from typhoid fever? If you could give it in detail with name of disinfectant used and length of time necessary for linen to remain in it, before it is safe to send it to a laundry, you will very greatly oblige me.

SUBSCRIBER.

IT is hoped that there may be answers to this question from several hospitals of good standing. The necessity for the use of a disinfectant is a somewhat disputed point. Almost anything of a disinfecting character will coagulate the albumin in the discharges, making it more difficult to wash the clothing, and resulting in stained linen, which will have an objectionable odor.

IN a number of British nursing journals, and in some of our own newspapers, we have seen announcements, in a general way, of nurses being appointed on steamships to look after the welfare of the sick passengers. We have not been able to learn, however, the names of these steamship companies or any of the particulars as to methods of appointment, compensation, or the position occupied by such nurses on shipboard. Can any of our readers give us this information for publication in this column.

BOOK REVIEWS

INTRODUCTION OF INFECTIOUS AND PARASITIC DISEASES, INCLUDING THEIR CAUSE AND MANNER OF TRANSMISSION.—By Willard Langfeld, A.B., M.B., (Johns Hopkins) Professor of Bacteriology and Clinical Medicine, John A. Creighton Medical College, Omaha; Visiting Physician, St. Joseph's and Douglas County Hospitals, and Bacteriologist, the Omaha City Board of Health. With an Introduction by Lewellys F. Barker, Professor of Medicine at the Johns Hopkins University. With Thirty-three Illustrations. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

In the present volume we have a book which is quite novel in the treatment of the subject "Infectious Diseases." The book combines with an ordinary text book on the subject as indicated in the title of the book an important addition in the chapter on "Bacteriology"—another on "Parasites" and a third—"The Collection and Examination of Secretions and Excretions," the whole making an important addition to nursing literature. The nursing proper in infectious diseases the author does not at all concern himself with, leaving that part of the subject to the department of clinic teaching where it properly belongs. The book confines itself to the teaching of the causes of disease-infection, the avenues of exit of infectious diseases and parasites from the body, the manner in which infectious disease agents enter the body—disinfectants and disinfection, prophylaxis—predisposing or contributing causes, etc., etc. The reasons why the nurse besides being "medical assistant to the doctor" must also be a sanitarian in the strictest sense, is made plain to the reader as is also the need for her being equipped with specific information and an eternal vigilance in the use of the same. The style is particularly pleasing, as simple as the subject permits and almost free from the technical expressions which bewilder the uninitiated.

TALKS TO FIRST YEAR NURSES. By Alfred Hawes, M.D. Whitcomb & Barrows, Boston.

This volume is designed for the instruction of first year nurses;—at least so the author announces in a brief fore-word of introduction. Just why the book has been written, except to net for its author the re-

ceipts which a nursing text book brings, one hardly understands. It is of little use for reference, none whatever as a text book. First year nurses are not usually required to assume charge of the operating room—they are not as a rule given the nursing of laparotomies except under supervision; nor do first year nurses often find themselves occupied with the cares of obstetrical nursing. Should any first year nurse find herself launched forth on any emergent case in these departments and turn confidently to Dr. Hawes' manual to help her out of her difficulties the chances are that she would find herself "beautifully left," as vulgar parlance hath it.

The whole book is so brief—the subjects so lightly touched upon, as to be unintelligible to one who has not already some knowledge of them; and to such, absolutely useless, as it contains nothing untouched by other writers. Anatomy in twelve pages with similar flying glimpses of the physiological subjects—the organs of the body, and their functions; a passing hail to materia medica, bacteria, anæsthetics, laparotomies and obstetrics—these sum up the book which is well written and put forth in very attractive style. The question is why offer the book to nurses who would never be deluded into the belief that they had gained a knowledge of any of the subjects offered therein.

The author aims to prevent confusion in the mind of the first year nurse to whom a multitude of new subjects is often bewildering—unfortunately he has not given enough subject matter to set the mind at rest; one wants more or nothing at all.

Lateral Curvature of the Spine and Round Shoulders. By Robert W. Lovett, M.D., Associate Surgeon to the Children's Hospital, Boston; Surgeon to the Infants' Hospital; Instructor in Orthopedic Surgery, Harvard Medical School; Member of the American Orthopedic Association; Korrespondierende Mitglieder Der Deutschen Gesellschaft Für Orthopädische Chirurgie. With 154 Illustrations. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

The field of orthopedic surgery possesses peculiar interest to the nurse,—for it is here that she finds some of her best opportunities of proving herself the efficient co-worker with the surgeon as well as his indispensable assistant. Here too she finds her patient most dependent upon her for the alleviations to a tedious and often uncomfortable treatment or it may be that to the nurse is entrusted the gymnastic exercises which so often form an important feature in the case. Though

not written for nurses, it is a work which nurses will do well to have by them, especially those engaged in children's hospitals, where an early recognition of defects is important, as much preventive work may be done by correcting faulty attitudes, encouraging proper adjustment of the body, etc. Upon this account, too, to the school nurse, that personage whom we are delighted to welcome as a fixture among us, the book is to be especially recommended as the writer lays great stress upon the public school as a cause of curvature of the spine—the school fatigue, school furniture, school ennui, are mentioned as contributing causes of disease of the spine. The author gives credit to many writers whose experimental and clinical work he has drawn upon; and the text by constant reference to great authorities both at home and abroad, shows how great a field has been gone over and how much matter has been abridged and adapted to the present volume. The book is neat and dignified in binding and while imposing in appearance on a library shelf, is easily carried and can be tucked away in a travelling bag with perfect convenience.

G. P. Putnam and Company of New York announce the publication of Miss Maxwell's book for the 15th of August, just too late for review in this issue.

The Macmillan Company of New York are to put out Miss McIsaac's book on the first of September.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO MONTHS, ENDING JULY 11, 1907.

ANDRESEN, MATHILDA C., graduate of the Kansas City General Hospital, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

COOK, ETHEL F., transferred from Base Hospital, Iloilo, to Camp Bumpus, Leyte, Department of the Visayas, P. I., for duty.

DENAHY, MARIE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

DUNCAN, ADELAIDE, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

FISHER, IZA, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

GILMER, MARY FEARS, graduate of St. Luke's Hospital, Richmond, Va., 1906; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

HAEFNER, EMMA, detail as chief nurse at Base Hospital, Iloilo, revoked; after serving as nurse at the same post for a short time was discharged at own request in the Philippines.

HEFFERNAN, JOSEPHINE R., now serving at General Hospital, Presidio of San Francisco, under orders to sail to Manila on Transport leaving San Francisco July 5, for duty in the Philippines Division.

HIMES, M. VIRGINIA, transferred from the General Hospital, Presidio of San Francisco to duty on the Transport *Crook* en route to Honolulu and Alaska and return to San Francisco.

KENNEDY, MARY J., transferred from General Hospital, Presidio of San Francisco to duty on the Transport *Crook* en route to Honolulu and Alaska and return to San Francisco.

MCHUGH, CECELIA, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MITCHELL, BERTHA, graduate of the Medico-Chirurgical Hospital, Philadelphia, Pa., 1907; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

NILES, FLORENCE ADELE, graduate of the City and County Hospital, San Francisco, 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

PHILIPPENS, MINNIE A., transferred from Base Hospital, Iloilo, to Camp Bumpus, Leyte, P. I., for duty.

THOMAS, ELIZABETH D., now serving at General Hospital, Presidio of San Francisco, under orders to sail to Manila on Transport leaving San Francisco July 5, for duty in the Philippines Division.

THOMPSON, DORA E., formerly chief nurse, General Hospital, Presidio of San Francisco, under orders for discharge at the expiration of her leave of absence.

TIMME, MINNA C., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

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